



AFAP ISSUE UPDATE BOOK

Active Issues

January 2007

Active Army Family Action Plan (AFAP) Issues Sorted by Subject Area

#	Issue title	Status	Subject area	Entered
447	Audio/Video Surveillance for Child Development Centers	Active	Child Care	11/99
513	Lack of Available Child Care for Geographically Isolated Active Duty Soldiers	Active	Child Care	03/02
566	Childcare Fee Category	Active	Child Care	11/04
546	Funding for Army-wide Arts and Crafts Programs	Active	Consumer Svcs	11/03
509	TRICARE Dental Benefit Enhancement	Active	Dental	03/02
552	Reserve Component Dental Readiness	Active	Dental	11/03
594	TRICARE Dental Program Enrollment Requirements for the RC	Active	Dental	01/06
478	DoDDS Tuition for Family Members of DoD Contractors/NAF Employees	Active	Education	11/00
38	Family Member Employment in the Civil Service System	Active	Employment	10/88
479	Equal Compensatory Time for Full-Time NAF Employees	Active	Employment	11/00
524	Military Spouse Unemployment Compensation	Active	Employment	11/02
545	Federal Retiree Pre-Tax Health Insurance Premiums	Active	Employment	11/03
582	Windfall Elimination Provision (WEP)	Active	Employment	11/04
591	Military Spouse Preference Across All Federal Agencies	Active	Employment	01/06
506	Reserve Component Retired Pay	Active	Entitlements	03/02
512	Unique Relocation Expenses Outside the Continental United States	Active	Entitlements	03/02
551	Mortgage Relief for Mobilized Reserve Component Service Members	Active	Entitlements	11/03
553	Survivor Benefit Plan and Dependency & Indemnity Compensation Offset	Active	Entitlements	11/03
564	Calculation of Family Subsistence Supplemental Allowance	Active	Entitlements	11/04
588	Family Servicemembers' Group Life Insurance Premiums for Dual Military	Active	Entitlements	01/06
593	Relocation of Pets from OCONUS	Active	Entitlements	01/06
600	Family Care Plan Travel and Transportation Allowances	Active	Entitlements	11/06
604	Retroactive Traumatic Service Members Group Life Insurance Compensation	Active	Entitlements	11/06
611	Traumatic Service Members Group Life Insurance Annual Supplement	Active	Entitlements	11/06
480	Family Sponsorship During Unaccompanied Tours	Active	Family Support	11/00
491	Army Community Service (ACS) Manpower Authorizations and Funding	Active	Family Support	03/02
497	Distribution of Montgomery GI Bill Benefits to Dependent(s)	Active	Family Support	03/02
515	Application Process for Citizenship/Residency for Soldiers and Families	Active	Family Support	11/02
521	In-State College Tuition	Active	Family Support	11/02
527	Army Reserve Component Mobilization Preparation and Support	Active	Family Support	11/02
543	Family Readiness Group Deployment Assistant	Active	Family Support	11/03
544	Family Readiness Group Training	Active	Family Support	11/03
562	Community Based Multi-Component Family Support Network	Active	Family Support	11/03
571	Family Member Access to Army e-Learning Programs	Active	Family Support	11/04
574	Funding for Reserve Component Reunion and Marriage Enrichment Classes	Active	Family Support	11/04
576	Legality of the Family Care Plan (FCP)	Active	Family Support	11/04
584	Alternate Local Caregiver for the Family Care Plan	Active	Family Support	01/06
585	Casualty Assistance for Families of RC Soldiers in Inactive Status	Active	Family Support	01/06
595	Wounded Soldier Updates	Active	Family Support	01/06
596	Convicted Sex Offender Registry OCONUS	Active	Family Support	11/06
351	Emergency Relief for Reserve Components	Active	Force Support	10/93
385	Montgomery G.I. Bill for Veterans Education Assistance Program Era	Active	Force Support	'94 & '01
473	Untimely Finance Transactions	Active	Force Support	11/99
483	Incentives for Reserve Component Military Technicians	Active	Force Support	11/00
486	Tax Credit for Employers of RC Soldiers on Extended Active Duty	Active	Force Support	11/00
507	Running Shoe Allowance	Active	Force Support	03/02
525	Montgomery GI Bill Expiration Date	Active	Force Support	11/02
529	Retirement Services Officer Positions at Regional Support Commands	Active	Force Support	11/02
559	Unit Ministry Team Force Structure	Active	Force Support	11/03
567	Completion of Deployment Cycle Support Program by Individual Returnees	Active	Force Support	11/04
575	Leave Accrual	Active	Force Support	11/04

#	Issue title	Status	Subject area	Entered
577	Non-Chargeable Leave for Deployed Soldiers	Active	Force Support	11/04
578	Paternity Permissive TDY	Active	Force Support	11/04
598	Education Regarding Living Wills and Healthcare Powers of Attorney	Active	Force Support	11/06
599	Enlisted Promotion Points Submission	Active	Force Support	11/06
601	Full Compensation for Uniform Changes	Active	Force Support	11/06
605	Table of Distribution and Allowance Position for Garrison BOSS Program	Active	Force Support	11/06
607	Terminal Leave Restrictions for Physical Disability Evaluation System Soldier	Active	Force Support	11/06
612	Army Career and Alumni Funding	Active	Force Support	11/06
589	Funding for Barracks Sustainment, Restoration, and Mobilization	Active	Housing	01/06
606	Temporary Lodging for Single Servicemembers with Partial Custody/Visitation	Active	Housing	11/06
122	Nonsubsidized RC Group Health and Dental Insurance	Active	Medical	10/88
488	TRICARE Prime Remote for Fam Members Not Residing with Military Sponsor	Active	Medical	03/02
510	TRICARE for Reserve Components	Active	Medical	03/02
517	Availability of TRICARE Authorized and Network Providers in Remote Areas	Active	Medical	11/02
532	Standardized Army-wide Pregnancy Program for Soldiers	Active	Medical	11/02
537	Availability of Authorized TRICARE Providers	Active	Medical	11/03
568	Dental Services for Retirees Overseas	Active	Medical	11/04
572	Family Member Eyeglass Coverage	Active	Medical	11/04
556	TRICARE Coverage for School Required Enrollment Physicals	Active	Medical	11/03
558	TRICARE Prime Travel Cost Reimbursement for Specialty Referrals	Active	Medical	11/03
583	Advanced Life Support Services on CONUS Army Installations	Active	Medical	01/06
586	Chiropractic Services for all TRICARE Beneficiaries	Active	Medical	01/06
597	Co-Pay for Replacement Parts of Durable Medical Equipment and Prosthetics	Active	Medical	11/06
602	Medical Malpractice Compensation for Service Members	Active	Medical	11/06
608	Timeliness of TRICARE Referral Authorizations	Active	Medical	11/06
610	Traumatic Brain Injury Rehabilitation at Military Medical Centers of Excellence	Active	Medical	11/06
522	Marriage and Family Counseling Services in Remote Areas	Active	Medical/Command	11/02
465	Reserve Component Post Mobilization Counseling	Active	Medical/Command	11/99
474	Shortage of Professional Marriage and Family Counselors (CONUS)	Active	Medical/Command	05/00
501	Funding for Exceptional Family Member Program (EFMP) Respite Care	Active	Medical/Command	03/02
540	Duration of Transitional Compensation for Abused Dependents	Active	Medical/Command	11/03
590	Health Processing of Demobilizing Army Reserve Component Soldiers	Active	Medical/Command	01/06
603	Reserve Component Combat Stress Related Reintegration Training	Active	Medical/Command	11/06
307	Inferior Shipment of Household Goods	Active	Relocation	10/91
457	Modification of Weight Allowance Table	Active	Relocation	11/99
458	Newly Acquired Dependent Travel Entitlement	Active	Relocation	11/99
526	OCONUS Shipment of Second POV for Accompanied Tours	Active	Relocation	11/02
531	Spouse Professional Weight Allowance	Active	Relocation	11/02
609	Total Army Sponsorship Program	Active	Relocation	11/06
439	Teen Program Standardization	Active	Youth	03/97
587	Employment Opportunities for Military Affiliated Youth	Active	Youth	01/06
592	Post Secondary Visitation for OCONUS Students	Active	Youth	01/06

Issue 38: Family Member Employment in the Civil Service System

a. Status. Active

b. Entered. AFAP VI; 1988

c. Final action. No (Updated: 12 Sep 06)

d. Subject area. Employment

e. Scope. Jobs announced on the Office of Personnel Management (OPM) registers are typically entry-level positions. Jobs of consequence are frequently announced only internally. Since nonstatus family members are not allowed to apply for internal vacancies, employment of family members in these jobs is dramatically reduced or delayed. Additionally, family members hired overseas on an Excepted Appointment to positions designated for US citizens do not have career status and time served in any Excepted Appointment overseas does not count toward the three-year requirement to attain career status.

f. AFAP recommendations. (Inferred since no recommendations were submitted in 1988)

(1) Increase Federal employment opportunities for active duty family members who do not have prior Federal service.

(2) Allow family members hired on Excepted Appointments to attain career-conditional/career status.

g. Required action.

(1) Market and improve accessibility of employment information to military and family members using various venues.

(2) Aggressively support National Security Personnel System (NSPS) flexibilities that simplify the civilian employee appointment system.

h. Progress.

(1) Issue history. This issue initially sought to increase employment opportunities in the Army for family members who have no prior Federal service. The Excepted Appointment component was added in Jan 03 after the Nov 02 GOSC concurred with combining Issue 498 with Issue 38.

(2) Background. Family members must compete with non-Army applicants through OPM registers for initial appointment. The drawdown has reduced recruitment requirements resulting in fewer employment opportunities for non-Army applicants.

(3) Past initiatives to increase employment opportunities.

(a) Since 1985, the Army has pursued a number of initiatives with OSD and OPM to pursue legislation that would reform and streamline the civil service system to include hiring processes. Several efforts stalled in Congress. In the late 1990's, OSD collaborated with the Army, the other DOD components, and the Defense Partnership Council union partners to develop an alternative civilian personnel system within 5 USC. Unfortunately, the working groups did not reach consensus on issues regarding bargaining and the rights of management.

(b) In May 00, Army drafted an Executive Order (EO) proposal to expand military spouse authorities to allow any military spouse appointment eligibility. OSD nonconcurred with the proposal based on lack of a compelling need to expand the existing EO.

(4) Recent initiatives to increase employment opportunities.

(a) In May 04, OSD staffed two separate proposed policy changes to PPP policy.

1. One proposal is to permanently implement MSP Choice DOD-wide. MSP Choice, a two-year pilot program in the European theater (EUCOM), concluded in Aug 03, tested a temporary change to DODI 1404.12 (Employment of Spouses of Active Duty Military Members Stationed Worldwide). The change allowed military spouses greater latitude to accept temporary, term, time limited, intermittent, or flexible employment with U.S. Forces and retain their MSP eligibility for permanent positions of primary personal interest to them. EUCOM, United States Army, Europe, and other participating Components, evaluated the test to be very successful and recommended implementation on a permanent basis in overseas areas. In addition, Army supports a modified implementation within the United States.

2. The second policy proposal OSD staffed would change the priority status of military spouses from 3 to 2 in PPP. Army nonconcurred with this change, having concluded that such a change would in reality eliminate priority for everyone. Equity for all employees' whose work situations are adversely impacted continues to be of the highest concern to Army. During the staffing process, Army recommended eliminating the MSP eligibility requirement that the military sponsor be married prior to reporting to a new commuting area duty station. Eliminating this requirement would increase military spouses' eligibility periods and opportunities to invoke MSP. This issue is of increasing importance, paralleling the military restationing initiative. As of this date, OSD is still internally coordinating and staffing the proposed policy changes. A final decision on any program changes is likely in the near future.

3. The Military to Civilian Conversion initiative is providing significant additional opportunities for military family member employment. As of this date CHRA has received requests to hire over 2,300 civilians to fill converted military positions.

(b) MEDCOM and AMEDD conducted a spouse and family member referral program test from Feb 03 – Feb 04. The Transition Employment Assistance for MEDCOM/AMEDD (TEAM) provides advance notices to MEDCOM supervisors of incoming spouses and family members who will accompany military or civilian sponsors to new permanent assignments. The electronic notices enable supervisors within participating MEDCOM activities to review resumes for possible job offers even before the family member's arrival. To be eligible for TEAM, either the family member or sponsor must be affiliated with MEDCOM or the AMEDD, the sponsor must have received notification of new assignment or the equivalent, and the family member must relocate with the sponsor. As of Jan 05, 158 family members have participated in various locations around the world. There have been 86 job offers (54% of participants). TEAM's website is <https://ncweb.ria.army.mil/team/>. Expansion Army-wide would require additional study.

(c) RESUMIX DEU, Sep 04, will provide on line application capability to individuals who do not work for the Federal government. The Civilian Personnel Online (CPOL) website at <http://www.cpol.army.mil/> will be totally redesigned. The main portal will provide direct access to three areas, including a new consolidated civilian

employment page. In addition, RESUMIX, RESUME BUILDER, and ANSWER improvements were launched 1st Qtr, FY04.

(d) The Asst G-1/CPPE has partnered with the Army Spouse Employment Partnership (ASEP) and the Army Well-Being Liaison Office (AWBLO) to provide civilian employment program information to military families. The ACS website (<http://www.myarmylifetoo.com>) contains access to the ASEP's Military Spouse Corporate Employment Opportunities page. Each partner provides a link to his or her company's employment information. In addition, military and family member spouse employment information was published in the Army Well-Being magazine, Winter 2003 issue, and Jan 04 FLO Notes.

(e) Section 202(a) of the Federal Workforce Flexibility Act of 2004 (Public Law 108-411, 30 Oct 04) amended 5 U.S.C. 6303 to provide the Office of Personnel Management (OPM) with the authority to prescribe regulations under which a newly appointed or reappointed employee may receive service credit for prior experience that otherwise would not be creditable for the purpose of determining his or her annual leave accrual rate. This enables family members to receive credit for related private sector employment for purposes of leave accrual. OPM issued interim implementing regulations to the DOD. DA can implement upon receipt of DOD implementing guidance (anticipated within the first Quarter FY 2007).

(f) Direct Hire Authority (DHA) has been granted for Nurses, Information Technology Specialists (Information Security) and Engineers by OPM/DoD. DHA streamlines the employment process of spouses for positions with critical needs.

(5) National Security Personnel System (NSPS).

(a) On 24 Nov 03, President Bush signed the FY04 National Defense Authorization Act (NDAA), which provides for the establishment of the NSPS. NSPS was developed as a flexible DOD personnel system that would enable DOD to shape the workforce and respond to new and unexpected circumstances. The design is being finalized to simplify civilian employment appointments while still being consistent with the basic merit principles of 5 U.S. C., and comply with Veterans' Preference requirements, affirmative action principles, and diversity objectives.

(b) Army is building a coalition of support and participation with the OSD and Army implementation project offices to ensure spouse and family awareness and advocacy. Implementation of NSPS will be phased, with final implementation by 2009.

(6) GOSC review.

(a) Oct 91. Army will continue to pursue easier ways for family members to enter Federal employment.

(b) Oct 95. Army will continue to pursue legislation that would make it easier to appoint people.

(c) Oct 97. Issue will explore ways to give non-status employees easier access to federal employment and to track initiatives to reshape the federal workforce.

(d) May 00. Efforts to streamline application for federal employment have been thwarted by concern from special categories (Vets, handicapped) and union bargaining.

(e) Nov 03. The VCSA asked for a review of military spouse preference (MSP) for civilian employee spouses,

MSP priorities, and MSP eligibility once in an assignment area.

i. Estimated cost. Accomplishing the recommendations requires the commitment of man year costs for at least two years of HR Specialists to support legislative initiatives and expand hiring authorities with the implementation of the NSPS.

j. Lead agency. DAPE-CP-PPE, G-1

k. Support agency. None

Issue 122: Nonsubsidized RC Group Health and Dental Insurance

a. Status. Active

b. Entered. AFAP VI; 1988

c. Final action. No (Updated: 7 Sep 06)

d. Subject area. Medical

e. Scope. Availability of affordable group health care for RC soldiers and their families is limited. This has an adverse effect on readiness. Many reservists are unemployed, self-employed, students, or work for companies that do not provide employer health or dental insurance.

f. AFAP recommendation. Obtain legislation that would permit the Secretary of Defense to pursue a self-funded (no cost to Government) healthcare insurance plan for the RC.

g. Required action.

(1) Propose legislation to OSD that would permit the Secretary of Defense to pursue a self-funded (no cost to the Government) health/dental insurance plan for the RC.

(2) Obtain results and analyze RC survey data.

(3) Implement Selected Reserve Dental Program.

(4) Legislation enhanced and expanded the TRICARE Reserve Select Program for RC members and families.

(5) Awaiting Implementation Date for Tier 1 & Tier 2 Coverage.

h. Progress.

(1) Combined issues. In Dec 90, Issue 283, "Self-Funded Group Health Plan for Reserve Component," was combined with this issue, and dental insurance was included as an AFAP recommendation. An AFAP recommendation to pursue AER assistance for RC soldiers was transferred to Issue 351, "Emergency Relief for Reserve Components".

(2) RC dental insurance.

(a) The FY96 NDAA mandated implementation of a reserve dental insurance program. The TRICARE Selected Reserve Dental Program, effective 1 Oct 97, was a 60% Government subsidized dental plan for Selected Reserve members.

(b) Effective 1 Feb 01, reservists and their families can enroll in the TRICARE Family Member Dental Plan. The plan is subsidized (60%) if the reservist is called to active duty. Reservists pay full premiums when in Reserve status.

(3) RC healthcare.

(a) The House markup for the FY92 NDAA required OSD to submit a feasibility study to Congress by Feb 92. The interim report indicated that medical insurance would most likely be too expensive for most reservists without some Government subsidy.

(b) OSD (RA) review of the 1986 Reserve Personnel Survey data found most Reservists have medical insurance, but few have dental insurance. OSD (RA) and RAND Corporation included insurance-related questions

for the 1992 Survey of RC Personnel and Spouses that asked about existing medical and dental insurance, interest in coverage through their military affiliation, and the premium levels that would be acceptable. Results indicated that reservists desired coverage more extensive than the premiums they were willing to pay.

(c) Section 746 of the FY97 NDAA directed a study to improve the provision of medical and dental care to RC members. The "746 Study" focused on ensuring uniformity and consistency in the provision of such care. The Army concurred with the concept but requested further validation of cost estimates contained in the report. OSD (RA) incorporated Service input and forwarded the response to Congress (Nov 99).

(d) OSD recommended a survey to determine how many RC members are uninsured and in need of additional health insurance protection. Questions related to health care were included in the FY00 RC survey distributed to members in Aug 00. Preliminary results revealed that approximately 21% of RC members are not covered under some health plan.

(e) S. 1119 required OSD to study the extent of the coverage of members of the Selected Reserve of the Ready Reserve of the Armed Forces under health benefits plans and to submit a report to Congress not later than 1 Mar 02 on the results. The study was contracted to RAND; to date, they have only provided a preliminary draft report on the first phase of the study. No known completion date.

(f) USD(P&R) also initiated a contract study on Reserve healthcare. The study requirements are similar to those in the congressionally directed Reserve healthcare study. The data-gathering phase was completed and a preliminary draft of the findings was prepared on reserve healthcare and civilian employer coverage (Jun 03). The information drew from the 2000 RC survey and the finding of a GAO report on reserve healthcare. The next phase calls for focus groups with reservists and their spouses and interviews with TRICARE officials and employer health-benefits managers. The final phase will be to develop and assess specific alternatives to the current approach of relying on TRICARE.

(g) A RC health care initiative was considered in the FY03 ULB cycle to provide financial assistance that would make it more attractive for an RC member to maintain coverage under his or her civilian employer-provided health care plan for the family. This would allow the family to maintain continuity of health care, rather than moving between two health care programs. The initiative was deferred until the FY04 ULB cycle but was not reintroduced. SR2400 would authorize all members of the Selected Reserve to participate in TRICARE Standard on a cost sharing basis (individual 28%/government 72%).

(h) Defense Supplemental and FY04 NDAA.

1. Granted authority to provide medical and dental screening and necessary care for members who have been alerted for mobilization to ensure members are fit for active duty, meet deployment standards, and are provided any necessary treatment when a deficiency is detected.

2. Provided TRICARE eligibility to RC members upon receipt of a "delayed effective date active duty order" of greater than 30 days in support of a contingency or 90 days prior to mobilization whichever date is later.

3. Extended the period of transitional medical assistance for Reserve members separated from active duty of more than 30 days in support of a contingency operation to 180 days (previously 60 or 120 days).

4. Permits members of the Selected Reserve who are unemployed or are not covered under an employer-sponsored health plan to enroll in TRICARE for a fee. DOD plans to work with the Congress to improve these new temporary health benefits for reservists and to establish a permanent healthcare benefit package for Guard and Reserve members and their families.

(i) The FY05 NDAA authorized a health insurance program (TRICARE Reserve Select (TRS)) for Guard or Reserve members when they return from active duty in support of a contingency operation. TRS provides one year of coverage for every 90 consecutive days on active duty. To be eligible, the service member must sign a contract agreeing to remain in the Guard or Reserve. Monthly premiums represent 28 percent of the cost of the benefit -- currently, \$81 per month for an individual and \$253 for member and family coverage.

(j) The National Defense Authorization Act (NDAA) for FY 2006

1. The NDAA enhanced and expanded the TRS program into a premium based three-tier TRICARE health plan for certain Selected Reserve members and their families:

(a) TRICARE Reserve Select Tier 1 -- Member served on active duty in support of a contingency operation and agrees to continue to serve in the Selected Reserve. Cost share is 28% of the total cost of the premium.

(b) TRICARE Reserve Select Tier 2 -- Member meets one of the following criteria and continues to meet the criteria during the period of coverage: unemployment compensation recipient as determined by the state; employee not eligible for an employer-sponsored health plan; self-employed. Members eligible for Tier 2 coverage must pay 50% of the total cost of the premium.

(c) TRICARE Reserve Select Tier 3 -- Member does not qualify for TRS Tier 1 or Tier 2 health care coverage and is required to pay 85% of the total cost of the premium.

2. Regardless to which premium-based TRICARE Tier health plan the Reserve Component member participates in, the member must meet the qualification criteria and continue to serve in the Selected Reserve for the entire period of coverage. There is also a requirement to annually certify/recertify qualification for Tiers 2 and 3 TRICARE health plans.

3. On 28 Jun 06, the Under Secretary of Defense (USD) signed the directive-type memorandum implementing the enhanced TRICARE Reserve Select program, establishing the policy, responsibilities, and procedures for the administration of this program. Implementation date for Tier 2 and Tier 3 coverage is 1 Oct 06.

4. The USD directive-type memorandum outlined detailed guidelines for qualification, enrollment and termination of the three tier TRS health plan. Contents of the directive memorandum support the TRICARE expansion in the NDAA 2006 legislation.

(4) GOSC review.

(a) May 93. Issue will remain active pending release of data from the 1992 RC survey and the results of the

administration's health care plan.

(b) Apr 96. Medical insurance with no subsidy would cost approximately \$150 per month. Reservists indicate that \$50 is the desired payment. Cost issue must be explored further.

(c) May 99. Army will review OSD study results on potential improvements to RC medical and dental care.

(d) Nov 02. A legislative proposal to allow reservists to continue civilian coverage was deferred to FY05.

(e) Jun 06. Issue will remain active to monitor any changes to the expanded TRICARE Reserve Select H23.

i. Estimated cost. No cost estimated.

j. Lead agency. DAPE-PRC

k. Support agency. OSD

Issue 307: Inferior Shipment of Household Goods

a. Status. Active

b. Entered. AFAP IX; 1991

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Relocation

e. Scope. Inferior shipment of household goods for the Total Army family results in high claims, loss of duty time, and causes large out-of-pocket expenditures.

f. AFAP recommendations.

(1) Implement a policy to establish local databases by FY93 on contractor performance and claims process to determine the Best Value Movers. Award contracts to the Best Value Movers based upon their comparative costs that include low bid and claims history.

(2) The Installation Transportation Officer and Staff Judge Advocate will submit a quarterly report containing bid and claims history statistics for each carrier through the Director of Logistics to the SDDC.

(3) Provide full replacement value for lost or damaged household goods.

g. Required action.

(1) Replace the Total Quality Assurance Program (TQAP) with a customer satisfaction survey system.

(2) Develop an interface between Transportation Operational Personal Property Standard System (TOPS) and a Central Web Application (CWA) with a costing engine for E-commerce billing and payment using Power Tracks.

(3) Adopt best value traffic award procedures.

(4) Streamline the claims/liability process.

(5) The Installation Management Agency (IMA) is responsible to provide funding and manpower required at installation level for the adequate enforcement of the current Personal Property Total Quality Assurance Program.

(6) SDDC is responsible for Personal Property Program development, establishing new Business Rules and Policies and replacement of the legacy system data base, the Transportation Operational Personal Property Standard System (TOPS).

h. Progress.

(1) Combined issue. The May 01 GOSC directed that Issue #482, "Full Replacement for Household Goods Shipments" be combined with this issue since full replacement is integral to the reengineering of the HHG program.

(2) Program goals. Program goals are to get the best service for our service members as possible. To accomplish this, the Services need to get the best value from transportation service providers (TSPs). Best value

means selecting TSPs on the basis of performance (customer satisfaction and claims) as well as price, which will result in on-time pickup and delivery, efficient packers/movers, and limited loss and damage. The new program will provide full replacement value of damaged and/or loss of property to the service member. Current program provides depreciated replacement value. Traffic distribution to TSPs will be driven by best value vice using the current TQAP and the service member will file claims on-line. The Defense Personal Property System (DPS) will provide integrated information management and end-to-end continuity.

(3) DoD reengineering plan. Since 1994, DOD has been actively pursuing initiatives to improve the shipment of household goods. FY96 Defense Authorization Language directed DOD to undertake a pilot program to implement commercial business practices and standards of service for movement of household goods. DOD established a plan to simultaneously test and evaluate the results of four pilot programs and incorporate best industry practices into one reengineered process.

(a) The MTMC pilot (Jan 99-Jan 02) selected moving companies based on "best value", not lowest cost.

(b) The Sailor Arranged Move (SAM) pilot (Jan 98-Apr 01) allowed Navy members to review carrier performance records and select their own mover.

(c) A test to outsource the movement of household goods to a move management service at Hunter Army Air Field, GA (Jan 97) was expanded by DOD into a fourth pilot, the Full Service Moving Project (FSMP).

(d) Full Service Moving Project (FSMP) (5 Jan 01-30 Sep 01) tested outsourcing the Personal Property Shipping Office functions to a commercial relocation company.

(4) In Jul 05, SDDC began Independent Validation and Verification (IV&V) of the DPS software but could not proceed because of significant problems encountered with the production test site and software. As a result, SDDC initiated an internal assessment as well as commissioned two independent assessments conducted by the Office of the Under Secretary of Defense Acquisition & Technology, Defense Systems and Program Executive Office for Command, Control, and Communications Tactical. The assessments results indicated that DPS Initial Operating Capability of Feb 06 was not achievable and the inability to conduct robust IV&V testing resulted in insufficient time to achieve remaining milestones. Furthermore, these assessments pointed to the need for a fundamental restructuring of the program.

(a) The USTRANSCOM Commander was apprised of issues and approved the strategic pause in Oct 05.

(b) In Dec 05, USTRANSCOM and SDDC Senior Leadership provided program status briefings to congressional representatives. SDDC also began OSD and GOSC level meetings to provide updates to the Military Services and assist with potential personal property issues impacting the current program caused by Families First implementation delays.

(5) Status.

(a) In Dec 05, SDDC began implementing several of the Non-Advocate Assessments (NAR) to restructure program oversight. Consequently, on 27 Dec SDDC established the DPS Program Management Office (PMO) under the Office of the Deputy to the Commander. The

PMO is dedicated to oversee DPS development and implementation.

(b) The DPS PMO has taken advantage of the time allowed by the pause to assess the DPS implementation timeline, secure funding for testing of DPS in FY06, modify the contract with the Systems Developer and reestablish Independent Verification & Validation (IV&V) testing of DPS in the Defense Information Systems Agency (DISA) environment. The PMO finalized the requirements and software design, and reconciled outstanding issues with the System Developer. Testing of DPS has resumed. The IV&V testing period is Jul 20 through 15 Sep 06. Testing will evaluate the baseline system and technical/functional requirements of the new DoD Personal Property System.

(c) Full replacement value is written into law according to the NDAA 07 and is effective by Mar 08. Furthermore, if a carrier is below standard performance, SDDC can disqualify them for two years. Installations can also suspend a carrier for a period of time.

(6) Way-ahead.

(a) Upon completion of IV&V testing, SDDC and USTRANSCOM will assess next steps for DPS. Options include System Acceptance Testing (SAT), a phased or spiral roll out of functionality or a hybrid approach. Key is delivering functionality to the service members as quickly as possible. Continue Army senior leadership support is essential for funding in the Program Objective Memorandums for FY07-11 for this critical quality of life initiative.

(b) Families First program will cost approximately 13 percent more than the current property system program. The Commander, USTRANSCOM and HQ SDDC continue to advocate with the House and Senate Armed Services Committees.

(c) The issue's recommendations will be accomplished when the Transportation Operation Personal Property Standard System (TOPS) is replaced with the Defense Personal Property System (DPS). The movement of all personal property throughout DOD will be awarded to contractors that have the best value traffic awards, versus just a lowest cost. Service members will be able to file claims online to the transportation service provider. Anticipated full implementation is FY08.

(7) GOSC review.

(a) Oct 92. MTMC will establish a Best Value program that evaluates and rates HHG carriers.

(b) Oct 94. MTMC will report back to the Apr 95 GOSC a concrete plan that will provide quality HHG shipments.

(c) Apr 95. Test programs are scheduled for the summer 1996. The summer surge problems are being addressed.

(d) Apr 96. The VCSA requested a follow up report on the pilot to see how it worked.

(e) Mar 97. New contracts will give the Army the legal hammer necessary to remove substandard vendors.

(f) Nov 98. Issue remains active to track the HHG pilot.

(g) Nov 99. Pilot results were provided, and the GOSC was told that one of Secretary Cohen's quality of life initiatives is to improve the HHG moving program.

(h) Nov 00. The VCSA voiced support for including successful initiatives into the HHG program (e.g., full replacement value for lost or damaged items). Funding is

the major issue impeding implementation of changes.

(i) Mar 02. The services implemented toll free numbers to track shipments and improved qualification procedures.

(j) Nov 04. The Army should factor into the cost estimate current initiatives to extend Soldiers' time on station and restationing of troops from Europe to CONUS.

(k) May 05. The DPS rollout is on track. SDDC held briefings with Services and Industry to outline functionality and process changes. Key to the challenges remaining is the funding of this program; specifically a \$105M cost increase for the Army.

(l) Nov 06. The GOSC requested the issue remain active.

i. Estimated cost. Families First, the future personal property program is estimated to cost the Army 13% more than the current personal property program.

j. Lead agency. DALO-TSP

k. Support agency. SDDC

Issue 351: Emergency Relief for Reserve Components

a. Status. Active

b. Entered. AFAP XI; 1993

c. Final action. No (Updated: 12 Sep 06)

d. Subject area. Force Support

e. Scope. During periods of limited activation, emergency and hardship situations occur which affect soldier readiness and morale. Currently, AR 930-4 authorizes financial relief only when these soldiers are on continuous active duty for 30 days or more. There is a definite need for emergency financial assistance for RC soldiers and their families when activated for fewer than 30 days.

f. AFAP recommendation. Establish emergency relief assistance for RCs activated for fewer than 30 days.

g. Required action.

(1) Forward issue to AER Board of Managers for review.

(2) Request opinion from TJAG regarding the legality of establishing a RC managed emergency relief fund for reservists serving on active duty for less than 30 days.

(3) Research RC authorization to work directly with a private organization to establish a relief fund. Investigate feasibility of private organizations assuming program management.

(4) Submit additional requests from the Chief, Army Reserve (CAR) to the Director, AER, to identify impediments to the RC participation in the AER program.

(5) Identify the group of ARNG and Army Reserve Soldiers who are in valid need of AER assistance.

(6) Chief, US Army Reserve directed his staff to again compare how the other RC services address emergency assistance.

(7) Establish a policy with procedures for recoupment of AER Loans from Army Reserve Soldiers and ARNG.

(8) Conduct research with Reserve Pay, Fort McCoy, WI.

(9) Conduct survey to assess interest of Troop Program Unit Soldier (TPU) contributions to AER.

(10) Conduct AER Campaign.

(11) Submit request to AER Board of Managers for change in policy.

h. Progress.

(1) Related issue. This issue is similar to AFAP Issue

10, "AER for RC", which was determined unattainable in 1987 because the 30-day active duty requirement for AER eligibility was judged adequate to fulfill RC needs.

(2) Private organization relief fund.

(a) In Jul 94, TJAG opined that the establishment of an Army Reserve managed emergency relief fund is legally objectionable. Statutory authority to create a government corporation or a private organization similar to AER does not exist. An Apr 95 TJAG response interposed no legal objection to contacting private organizations to discuss the establishment of a fund for the RC. Several private organizations were contacted to determine their interest, the feasibility of, and potential cost of managing a RC AER.

(b) In Jul 95, the Reserve Command staffed the feasibility of a private organization establishing and managing a fund accessible to Army Reservists on active duty for less than 30 days. In Feb 96, the ARC was the sole organization interested. However, in Nov 00, the ARC noted that it has a memorandum of understanding with all of the Aid Societies that the ARC will not provide ARC money to service personnel, but will provide access to funds according the Aid Society guidelines and will be reimbursed by each Aid Society for funds expended on their behalf.

(3) Army Emergency Relief.

(a) In Nov 93, the AER Board of Managers considered the request to provide AER assistance for RCs activated for fewer than 30 days and concluded that AER policy changes are not feasible.

(b) In Feb 94, DAAR-PE met with the Deputy Director of AER to discuss the AER board's decision. AER offered to provide a copy of their computer software to support the establishment of a separate relief fund.

(c) In Dec 96, the CAR met with the Director of AER to resolve discrepancies. AER policy remains unchanged. The CAR is committed to working with AER and will persist in pursuing policy revisions.

(d) In Dec 97, the CAR met with the Executive Secretary of AER to discuss a plan to present to the AER Board.

(e) In Jan 98, the CAR forwarded a written proposal through FMWRC to the AER Board of Managers to consider a change in AER policy and expanding AER financial assistance for Army Reservists.

(f) In Nov 98, the AER Board of Managers voted down the proposal to change policy and expand AER financial Assistance for Army reservists. AER did not provide the USAR a written response on why the proposal was voted down. During the Nov 98 GOSC meeting, the Vice directed the G-1 to draft a proposal to the AER Board of Managers to reconsider this proposal out of cycle. AER did not provide the Army Reserve a written response on why the proposal was voted down. The CAR will request reconsideration of the written proposal by the AER Board of Managers.

(g) In Nov 99, the Chief, Army Reserves and the Director, Army National Guard signed a proposal requesting the AER Board of Managers reconsider this issue.

(h) In Feb 00, the CAR and the Director, ARNG met with the DCSPER and Director, AER. The AER resists a widespread expansion of benefits to all RC soldiers not on extended duty. The conferees agreed to try to define a group of ARNG and USAR soldiers who were likely to

be in valid need of AER services while in pre-mob status, such as soldiers alerted for Presidential Selected Reserve Call-up. In Sep 01, The CAR requested Regional Support Commands (RSC) identify/define categories of soldiers who may have a valid need of AER services while in a pre-mob status. This information will validate the request that AER modify their regulations to include RC soldiers who meet certain criteria and are mobilized for 30 days or less.

(i) At the Mar 02 AFAP GOSC, the VCSA directed the CAR to prepare a letter for his signature. The letter (5 Jun 02) requested the AER Board of Directors modify their eligibility requirements to meet the special circumstances of soldiers mobilized less than 30 days. This request to modify the eligibility requirements was in keeping with the changes instituted by the Aid Societies of the Sister Services. The CAR, TAG ARNG, and HQ AER were to meet to discuss the request but no meeting was held.

(j) On 27 Mar 03, a follow-up letter to Director, AER from the CAR was sent emphasizing the importance of extending and/or modifying the authorization for RC. A copy of the letter was furnished to VCSA, SMA, and Director ARNG.

(k) A meeting between the CAR and Director, AER was intended for a future date due to volume of mobilizations. As of Feb 04, the CAR, and Director, AER, have spoken on this issue via telephone.

(l) In Apr 04, The Deputy Director of AER was indicated that the Reserve Component Soldiers rarely contribute to AER (AGR (Army Guard & Reserve) Soldiers do participate through allotments; however, TPU (Troop Program Unit) Soldiers are not offered the opportunity because allotments are not available through their payroll system), there is no allotment system, there's difficulty in recouping loans, and financial problems for less than 30 days pertain to civilian pay and not military pay.

(m) On 28 Nov 05, the CAR met with Director, AER, to solicit a change to allow RC Soldiers on active duty less than 30 days to use AER loan services. The AER board of managers for various reasons, voted not to change the current policy. The CAR accepted the decision made by the board of managers. The RC will pilot a campaign in 07 and petition once again to AER to change their policy.

(n) On 12 Jul 05, contact was made with Reserve Pay Analyst at Fort McCoy. The pay analyst indicated the current system does not allow for allotments; however, it can be used to collect recoupment such as AER Loans. The system has the option to process third party debt for other government agencies and forward funds to a specific routing/account number.

(o) Survey conducted May 06 - Aug 06 resulted with the following: 2411 responses. 45.7 percent showed an interest to make contributions during the Mar 07 AER Campaign and 54.3 percent indicated they have no interest in making a contribution. Army Reserve plans to execute a campaign in Mar 07 to allow TPU Soldiers to make contributions. Additionally, Army Reserve will re-submit request for change to current policy.

(4) Other service relief society support. In Apr 04, contact was made with the Air Force and Navy-Marine Aid Societies to see if their policies had changed since the

2001 information. Both aid societies still adhere to the same policies.

(a) Air Force Aid Society.

(1) Air National Guard or Air Force Reserve personnel away from home station on extended active duty of 15 days or more under Title 10 USC are eligible for assistance limited to emergencies incident to, or resulting from, active duty tour.

(2) Air National Guard or Active Guard reserve (AGR) personnel serving under Title 32 USC are eligible for emergency assistance in the categories of emergency travel due to illness or death of an immediate family member and funeral expenses incident to the burial of a dependent spouse or child within the limits of the Society's funeral grant program.

(3) Personnel on active duty for training and away from home station are considered eligible for emergency assistance as if they were Title 32 AGR. Requests for car repairs essential to return to home station are considered on a case-by-case basis.

(b) Navy Marine Corps Relief Society (NMCRS). The NMCRS has a policy of restricted eligibility for reserve personnel activated for less than 30 days.

(1) If an emergency affecting an immediate family member occurs, such as death or critical illness, personnel can be declared eligible for assistance.

(2) Personnel in drill status or on active duty for training (ADT) might also qualify for financial assistance in the event of death or critical illness of spouse, dependent child or parent.

(5) GOSC review.

(a) Apr 96. The Army Reserve will continue to pursue the issue with AER.

(b) Mar 97. Issue will remain active to continue to pursue AER support for this initiative.

(c) Nov 99. The GOSC was informed that AER received the 6 Nov 99 memo and wanted supplemental information.

(d) Mar 02. The VCSA directed the Chief of Army Reserve to prepare a memo to the AER Board for his signature, indicating the Army's position is full support for this issue.

(e) Nov 04. Attendees remarked on the need for AER to relook their charter and policies in light of the needs of today's Army.

i. Estimated cost. There is no tracking or statistical data on how many applied for this assistance and were ineligible due to orders being less than 30 days. Providing cost information is not possible at this time.

j. Lead agency. USAR – Family Program Office

k. Support agency. None

Issue 385: Montgomery G.I. Bill for Veterans Education Assistance Program Era

a. Status. Active

b. Entered. AFAP XII; 1994

c. Final action. No (Updated: 10 Jul 06)

d. Subject area. Force Support

e. Scope. Many soldiers enlisting during the existence of the Veterans Education Assistance Program (VEAP), 1 Jan 77 to 30 Jun 85, did not enroll because it was not an economically attractive package. VEAP cost the soldier \$2700 and produced \$8100 in education benefits. As of 1 Jul 85, the Montgomery G.I. Bill (MGIB) offered

\$10,800 in educational benefits for a cost to the soldier of \$1200. VEAP era soldiers were not offered the MGIB.

All soldiers (including VEAP era) who retire early, enroll in special separation benefit/voluntary separation incentive (SSB/VS), or are involuntary separated can enroll in MGIB. VEAP era soldiers, who remain on active duty and retire on length of service, are not offered this benefit. Soldiers who did not participate in VEAP are not eligible for the MGIB program.

f. AFAP recommendation. Allow all VEAP era soldiers remaining on active duty to enroll in the MGIB. (Based on VCSA direction at the May 01 GOSC, the recommendation was revised from, "Open a six-month window of opportunity for VEAP era soldiers remaining on active duty to enroll in the MGIB")

g. Required action.

(1) Monitor legislative change package to amend Chapter 30, Title 38, USC to allow for VEAP era soldiers to enroll in MGIB that is before the 108th Congress.

(2) Submit an FY07 Legislative Proposal.

(3) Submit an FY09 ULB.

h. Progress.

(1) Issue history. This issue was closed as unattainable by the Oct 95 AFAP GOSC based on the projected cost of allowing VEAP era soldiers to enroll in the MGIB. At the May 01 AFAP GOSC meeting, the Vice Chief of Staff, Army directed the creation of an AFAP issue to allow soldiers to enroll in the Montgomery GI Bill who did not sign up for the Veterans' Educational Assistance Program (VEAP). Issue 385, "Montgomery G.I. Bill for Veterans Education Assistance Program Era" was reopened and staffed in Jul 01.

(2) MGIB benefits. The MGIB currently provides up to \$985 per month for 36 months worth of benefits while attending a qualifying course of study. For conversion from the VEAP to the MGIB to be cost effective, the soldier should have more than 4 months of eligibility remaining on his/her VEAP and intend to use their MGIB benefits. Any contribution in pay from the soldier to the Treasury is non-refundable. DOD actuary cost estimate for each individual is \$20,000. There are approximately 19,000 soldiers on active duty who enlisted during the VEAP-era and are not enrolled the MGIB.

(3) Legislative attempts.

(a) Two windows were opened by Public Law 104-275 (Oct 96-Oct 97) and Public Law 106-419 (Nov 00-Oct 01) permitting certain VEAP era soldiers to convert to the MGIB. The windows allowed soldiers with money in their VEAP account to convert. Soldiers without money in their VEAP account were excluded. The cost to convert was \$1,200 during the first window and \$2,700 for the second window. Over 15,000 soldiers converted of approximately 48,000 eligible.

(b) Legislation before the 107th Congress to allow another conversion period with no requirement to have previously participated in the VEAP was not enacted.

(c) A House Resolution (Feb 03) would allow a one-year period to allow all VEAP era soldiers remaining on active duty to enroll in the MGIB with a \$2,700 contribution.

(d) HR2174, submitted 20 May 03, proposed a one-year period to enroll in MGIB with a \$2,700 contribution for VEAP era members entered active duty before, on, or after 1 JUL 85, served without a break in service and

served some or all of the year prior to enactment of this proposed legislation; completed a secondary school diploma or 12 semester hours towards a degree; be honorably discharged or released from active duty.

(e) The Coast Guard initiated a FY05 ULB action for consideration by the 108th Congress to allow eligibility for MGIB without prior participation in VEAP. HR879 and HR2174 were not enacted during the 108th Congress, and were not reintroduced during the 109th Congress. There was no similar legislation introduced during the 109th Congress. The Coast Guard elected not to resubmit the ULB, as it was not being supported by OSD.

(f) At the Jan 06 GOSC, it was approved to have this issue incorporated with proposed legislation S. 1162 (Elimination of MGIB Expiration Date, AFAP Issue #385) currently at Senate Armed Services Committee. However, OCLL has indicated that S. 1162 will not be supported; therefore, Army G-1 is submitting an FY09 Unified Legislation and Budgeting (ULB) action in Aug-Sep 06 to recommend establishing another conversion window.

(4) GOSC review.

(a) Oct 95. The GOSC determined this issue would be closed following submission of a cost analysis to the VCSA. The cost analysis was provided in Nov 95 and the issue was declared unattainable.

(b) Mar 02. The VCSA asked that Army work with the other Services to get support for this issue.

(c) Jan 06. The VCSA directed the issue be kept open for the VEAP era Soldiers remaining on active duty as long as AFAP Issue 497 is active since this population will never be eligible for that benefit otherwise.

i. Estimated cost. \$48.4M is the estimated cost to support conversion of remaining 9,209 members still on active duty.

j. Lead agency. DAPE-MPA-RR

k. Support agency. TAPC-EICB

Issue 439: Teen Program Standardization

a. Status. Active

b. Entered. AFAP XIV; Mar 97

c. Final action. No (Updated: 18 Sep 06)

d. Subject area. Youth

e. Scope. There are inconsistencies in teen programs from installation to installation. There are no established guidelines to insure installation commanders place appropriate emphasis on teen programs or equitably allot funds designated for youth programs. This directly impacts teen morale.

f. AFAP recommendations.

(1) Benchmark successful teen programs to develop a model for all installations.

(2) Establish standard guidelines for installation commanders on teen programs to include topics such as: designated areas for teen use, Teen Council, workforce preparation, volunteer opportunities, youth sponsorship, adult advisory committees, mentorship, and positive alternatives for at-risk behaviors.

(3) Report progress to Teen Panel semi-annually and Teen Discovery annually until this issue is closed by the AFAP GOSC.

g. Required action.

(1) Establish program standards to include a common programmatic framework.

(2) Ensure teen programs are customer driven and include teen and parental input.

(3) Acquire and leverage personnel and financial resources.

(4) Publish policy and operational guidance.

(5) Establish accountability measures for performance outcomes.

(6) Provide training for staff, acquire and leverage financial resources. Provide training for youth staff.

(7) Acquire and leverage financial resources to support standardization

h. Progress.

(1) Related issues. Issue #314 refocused the teen program to target younger teens/middle school age group. Issue #413 addressed teen space, facilities and non-facility based programs.

(2) Program framework.

(a) New framework established for all Army Youth Programs based on four required "service areas"

1. Life Skills, Citizenship & Leadership Opportunities

2. Sports, Fitness and Health Options

3. Academic Support, Mentoring & Intervention Services

4. Arts, Recreation & Leisure Activities

(b) Baseline programming includes: Youth Councils, Youth Sponsorship, Workforce Preparation, Youth Computer Labs, Homework Centers, Individual / Group Sports and Fitness, Community Service Opportunities, and Games & Leisure Activities. All installations participate as affiliate members in the Boys and Girls Clubs of America (BGCA), must establish active 4-H Clubs, and provide teen programs in dedicated facility space and outreach programs.

(3) Teen and parental input.

(a) Teen input.

1. Reporting via annual teen updates through ATP and Regional Youth Leadership Forums. All installations have functioning Youth Councils, and per CSA guidance all Regions have established Teen Panels to surface and address youth concerns to higher headquarters including through the Army Family Action Plan Process. Army Teen Panel members serve as the voice for Army youth. Army youth participated in the DoD Strategic Youth Action Planning Conference (Sep 98), in the Youth Roundtable (May 99) at Army Education Summits 2000 & 2002, and in Army Family Action Plan 2005 Conferences at all command levels.

2. Installation and Region Child and Youth Program staff hold focus groups with Teens as part their annual on site CYS inspection protocol and sponsor annual local and Regional Youth Forums to ensure programs are customer driven.

(b) Parental input. Youth Program Standards requires Parent Advisory councils on each installation. AFAP Issue #314 addressed expansion of Parent Advisory Councils to include teens and parents of teens.

(4) Personnel and Financial Resources.

(a) Personnel.

1. Formal training plans linking responsibilities and training for staff working with teens have been issued in conjunction with revised staff job descriptions. Promotion for adults working with teens is now based on successful completion of training.

2. Installations have implemented the Child and Youth Personnel Pay Program (CYPPP) in response to Issue #404. The CYPPP outlines requirements for foundation and annual staff training, contains standard position descriptions that include teen participation "caseloads", and staff compensation linked to job competency.

3. Issue #314 established requirement for partnerships with youth groups, schools, and community organizations to help deliver youth programs.

4. Further action needed is sustainment of the youth staff (workforce), and increase in program capability from 20 percent to 35 percent to meet the DOD Social Compact goal.

(b) Financial support. QYDP MDEP funds services for 28,121 youth (ages 11-18 years) or 20% of the eligible Army youth population. Output requirement is to increase the capability to serve 49,354 youth or 35% of the eligible youth population. This remains a validated requirement that remains unfunded by the Installations PEG in the FY 06-11 POM and is monitored as a Well-Being objective. Desired outcomes are to provide standardized services for 49,354 youth (35% of eligible youth population) with staff paid competitive salaries with local labor markets.

(5) Policy and operational guidance. Policy guidance in AR 215-3, numerous procedural guidance memorandums on program operations, and a series of handbooks and user manuals have been issued to increase the predictability of Army Youth Programs from installation to installation. Remaining action includes funding for youth computer lab upgrades

(6) Accountability measures and performance outcomes.

(a) AFAP Issue #314 established a requirement to measure teen program utilization and meet phased teen utilization goals.

(b) Current FY08 essential requirements in QYDP do not support 20% Youth Program Capability or the ramp to end state 35% Youth Program Capability in FY13. Current FY08 funding only meets 15% of Youth Program Capability. This level is reduced further to 13% Youth Program Capability in FY13. Validated requirements for QYDP represent the Army Standard and provide ramp to the end capability in FY13. ACSIM/IMA are looking at options to fix the essential requirements and funding in POM 08-13.

(c) Standards, critical indicators, and measurable outcomes for baseline teen programming have been developed in conjunction with MACOM/Region and installation staff. Youth Programs are now included in annual regional inspections comparable to existing child care inspections.

(7) Coordination with Provost Marshal.

(a) VCSA directed Office of the Provost Marshall General at the Jun 06 AFAP GOSC to investigate correlation between Youth Participation and criminal conduct on Garrisons.

(b) Provost Marshall General results found higher participation in Youth Programs correlated with less juvenile criminal conduct.

(8) GOSC review.

(a) Nov 00 GOSC was provided an update on youth initiatives such as baseline programming, training, ac-

countability measures, and leveraging personnel and financial resources.

(b) Nov 02. The VCSA asked for a briefing on the entire youth program so he could determine priority funding issues.

(c) Jun 06. The GOSC determined the issue would remain active. The VCSA stated he was more interested in providing great opportunities rather than how many teens we were reaching. He also tasked the TJAG to provide teen incident rates on Army installations but this request was to be outside the AFAP process.

i. Estimated cost. FY 99 funding was increased \$12.8M per direction of the Army Chief of Staff to fund participation for 20% of eligible Army youth. Unfinanced Requirements (validated in POM 08-13) remain to sustain current youth program capability and increase percentage of youth served from 20%-35%.

j. Lead agency. IMWR-CYS

k. Support agency. G1; IMA

Issue 447: Audio/Video Surveillance for Child Development Centers

a. Status. Active

b. Entered. AFAP XVI; Nov 99

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Child Care

e. Scope. Approximately 70% of Army Child Development Centers (CDCs) do not have audio/video surveillance equipment. This equipment provides an additional prevention measure for child abuse and unwarranted allegations. Surveillance equipment is also used as a training aid and possibly increases the sense of security for families utilizing the centers. Although all CDCs built since 1995 include the conduits for this equipment, installations have been unable to fund the purchase and installation of the surveillance equipment. Audio/ video surveillance equipment in all CDC facilities would be a one-time cost and would save the Army money in the long run.

f. AFAP recommendations.

(1) Provide 100% HQDA funding to purchase and install audio/video surveillance equipment in all Child Development Centers Army-wide.

(2) Include the purchase and installation of audio/video equipment in the standard Child Development Center design.

g. Required action.

(1) Determine need for surveillance systems.

(2) Determine cost to purchase and install video surveillance system for each CDC. Review Army policy and sources for funding video equipment.

(3) Fund requirement as an Army-wide initiative and fund OMA tail requirement for recurring expenses and upgrades.

(4) Procure and install surveillance systems.

(5) Fund comparable protection for school age sites and youth centers as an Army initiative and fund OMA tail requirement for recurring expenses and upgrades.

h. Progress.

(1) Funding.

(a) Purchase and installation of video surveillance systems in CDCs (\$6.5M) funded with FY 00 year end funds. \$1M annual requirement for maintenance and upgrades funded in the FY 03-07 POM.

(b) Purchase and installation of comparable protection for school age sites and youth centers (\$13M) funded as FY 03 UFR. Unfunded \$3.9M OMA tail requirement for maintenance validated in FY05-09 POM.

(c) School age/ youth center OMA Tail Requirement funding \$4.4M annual requirement) for maintenance and replacement is necessary. Funding validated in the FY06-11 POM.

(d) The outstanding action on this issue is funding (\$ 4.8 M annual requirement) for maintenance and replacement. Requirement validated, but unfunded in the FY08-13 POM.

(2) Procurement and installation. Beta test of security surveillance system complete. Fielding underway for 158 new systems—three year schedule by geographic locations starting with the East Coast.

(3) Facility design. Requirement for the purchase and installation of video surveillance systems included in the CDC Standard Design Package.

(4) GOSC review.

(a) May 00. FMWRC reported that the CDS requirement was submitted to the Army Budget Office as a FY00 UFR, IAW VCSA direction to fund this project.

(b) Nov 03. FMWRC reported that the outstanding action on this issue is \$3.9M funding for maintenance in school age/youth facilities.

i. Estimated cost. \$4.8 M annual requirement starting FY08. With 2% inflation, cost FY07-FY11 is as follows: FY08 - \$4.6 M; FY09 - \$4.7 M; FY10 - \$4.8 M; FY11 - \$4.9 M; FY12 - \$5.0M, FY13 - \$5.1M.

j. Lead agency. IMWR-CYS

k. Support agency. None

Issue 457: Modification of Weight Allowance Table

a. Status. Active

b. Entered. AFAP XVI; Nov 99

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Relocation

e. Scope. The current Joint Federal Travel Regulation (JFTR) Permanent Change of Station (PCS) weight allowance table does not support the changing Army demographics. More service members are entering with established families, families are larger, and Retention Control Points have been extended, creating increased career longevity. Using the current PCS weight allowance table, service members frequently pay excess costs, unload valuable property prior to moving, do not ship essential belongings, and must replace or store items.

f. AFAP recommendation. Amend enlisted portion of the PCS weight allowance table in the JFTR to more closely match the officers' portion, making:

(1) Weight allowance of an E1-E4 equal to the weight allowance of a O1

(2) Weight allowance of an E5 equal to O2

(3) Weight allowance of an E6 equal to O3

(4) Weight allowance of an E7 equal to O4

(5) Weight allowance of an E8 equal to O5

(6) Weight allowance of an E9 equal to O6-O10

g. Required action.

(1) Increase the administrative weight allowances

(2) Increase the authorized weight allowance for enlisted members.

(3) Monitor legislative proposal to increase allowance 8%.

(4) Discuss weight allowance issues with the Sergeant Major of the Army.

(5) Requested next course of recommended action from the SMA.

(6) Memo to ACSIM concerning the size of privatized housing.

(7) Unified Legislative Budget (ULB) Item

(8) Business Case Analysis on the long term effect of force and unit stabilization.

h. Progress.

(1) Administrative weight allowance (OCONUS moves) – E-1 through E-5. The JFTR revision to increase the administrative weight allowance for grades E-1 through E-5 from 2,000 pounds to 2,500 pounds was effective 1 Oct 02.

(2) Legislative initiatives.

(a) The other Services non-concurred with changing the enlisted PCS weight allowance to mimic officer rates. However, Navy indicated they consider an increase for E1-E5s, and the Coast Guard supported some adjustment for enlisted personnel. A modification of the JFTR PCS weight allowances requires concurrence by all of the Services for a legislative change.

(b) The FY02 NDAA increased E1-E4 weight allowances, effective 1 Jan 03, to 8,000 lbs for E1-E4s with dependents and 5,000 lbs without dependents.

(c) In 2002, OSD established a working group to determine if higher weight allowances for the shipment of HHG are required to adequately cover all ranks' PCS costs. The group, comprised of representatives from all of the Services, used a comparison to the Basic Allowance for Housing (BAH) standards as the primary consideration when developing the proposed new weight standards. Also considered were years of service, regular military compensation, and rank. The efforts of this group resulted in a FY04 legislative initiative to increase the HHG weight allowance for all Service members. The proposal would modify Title 37 by increasing the HHG weight allowance for all members by an average of 8%. The legislative initiative was not approved due to the fact that funding was not included in the FY04 programming.

(d) OSD encouraged the Services to vote to defer this initiative until the FY05 ULB to allow the Services to incorporate the funding for this initiative into their FY05 POM. The FY05 legislative proposal was also rejected because Services did not provide the requested supporting data.

(e) The FY06 ULB was rejected because the proposal of a straight 8% increase across all pay grades weight allowance increase was not justified. No supporting data provided.

(f) Service data indicate that only one percent of service members exceed the PCS weight allowance. In order to re-submit the proposal, supporting data is required. The Services do not have data to support the weight allowance increase because there are no statistics to document the household goods that are sold or given away to maintain weight allowance.

(g) Three of the four Service's top enlisted leaders, to include the SMA, briefed the House Appropriations Committee's new Military Quality of Life Subcommittee. This subcommittee focuses exclusively on quality of life

issues. Citing personal experience, the Service leaders requested the subcommittee to consider revising the current HHG weight allowances.

(h) The FY06 NDAA authorized increased PCS weight allowances for senior noncommissioned officers, grades E7 through E9, effective for orders issued on or after 1 Jan 06. The SMA and equivalent in each Service is authorized a weight allowance of 17,000 pounds with dependents and 14,000 pounds without dependents for the remainder of his/her military career. Officers and enlisted members in grades E5 through E6 did not receive a weight allowance increase. The Army will initiate an ULB in Sept 06.

(3) JFTR Revision.

(a) The Secretary may authorize a higher weight allowance (NTE 18,000 pounds) of a member below pay grade O-6, but only on a case-by-case basis. The Secretary's decision to increase the member's weight allowance must be due to an extraordinary circumstance if the Secretary determines that failure to increase the member's TDY weight allowance would create a significant hardship to the member.

(b) The Logistics Innovation Agency (LIA) explored several approaches and investigated them for feasibility and data availability. On 28 Jun 06, LIA concluded that a quantitative analysis on the adequacy of HHG weight allowances was deemed infeasible due to the lack of data.

(c) At the Jan 06 AFAP GOSC, the VCSA asked G-4 to develop a business case analysis using long term effect of force stabilization. Initial results showed that only two percent of Army's PCS moves are impacted. ASA (FM) Research Analysis and Business Practices will develop a business case analysis that considers the stationing of Soldiers in larger quarters that have resulted from privatized housing initiatives. Those larger quarters may provide data to support a ULB proposal in Aug 07 for FY10 legislation.

(d) At the Nov 06 AFAP GOSC noted that Soldiers will spend longer periods on installations, and they will not want to sell or dispose of accumulated possessions. G-4 offered to talk to the senior enlisted advisors of the other Services to lay out a way ahead.

(4) Surveys. The 04 Survey of Army Families and the Fall 04 Sample Survey of Military Personnel have been sent to the printers. In addition to the basic question of having to sell or give away personal property, more details are needed, such as: What kinds of property were involved? What was the total estimated value? What other options were considered? There are already too many surveys, resulting in lower and lower response rates. The relevance of the survey to sampled families may not be high... (reference tax deduction). Perhaps a few selected installations could use ACS personnel to work with out-processing agencies at the installation to obtain this information on a case-by-case basis.

(5) Tax deduction. In IRS Publication 521, Moving Expenses, personal property disposed of through a yard sale or given away (donation) is not a deductible moving expense. In the IRS Newswire, IR-2003-134, Dec 1, 2003, taxpayers may be able to use their gifts to tax-exempt charitable and religious groups to reduce their taxes. The tax benefit for charitable contributions is only available for taxpayers who itemize deductions.

(6) GOSC review.

(a) May 00. Members questioned why there is a variance weight allowance between officers and enlisted. Army will work this issue in two stages. The first will seek an increase in the OCONUS administrative weight allowance for junior enlisted, and the second will explore the weight allowance disparity between the ranks.

(b) Nov 00. ODCSLOG will meet with the SMA to work on a strategy to get support from the other Services.

(c) Mar 02. Issue remains active to pursue weight allowance increase for E5-E9s.

(d) Nov 04. The VCSA did not accept the unattainable recommendation and kept the issue active, noting that the square footage of housing is changing under RCI and recognizing that the Army is changing in the future (size of housing, fewer PCS moves).

(e) Jan 06. The VCSA asked for a business case analysis for increased HHG weight allowance using the long term effect of force stabilization and unit stabilization. A request to develop the business case analysis was sent to the Office of the Deputy Chief of Staff, G-4, Center for Logistics Innovation.

(f) Nov 06. The GOSC requested to keep the issue active.

i. Estimated cost. \$300M

j. Lead agency. DALO-FPT

k. Support agency. None

Issue 458: Newly Acquired Dependent Travel and Transportation Entitlements

a. Status: Active

b. Entered. AFAP XVI; Nov 99

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Relocation

e. Scope. Service members who acquire new dependents after the effective date of permanent change of station orders (as cited in Joint Federal Travel Regulations (JFTR) appendix A) are not entitled to travel and transportation allowances for those dependents. This results in the service member paying out-of-pocket travel and transportation expenses to move newly acquired dependents.

f. AFAP recommendation: Amend the JFTR to establish date of marriage, adoption, or other legal action as the authorization date to establish dependent status for travel and transportation entitlements.

g. Required action:

(1) Send proposed change to the JFTR and US Code to the Military Advisory Members (MAP) of the Per Diem, Travel and Transportation Meeting Committee (PDTATAC) for review and comment.

(2) Prepare and disseminate message to the field explaining effective date of orders and impact of the date on transportation entitlements for newly acquired dependents.

(3) Determine if change to the JFTR is possible to allow SM to use remaining HHG authorizations to move newly acquired dependents.

(4) Review DODI 1315.7 reference to acquired dependents.

(5) Review current authorizations to determine if a change to the JFTR is possible to allow SM to use remaining HHG authorizations to move newly acquired dependents HHG.

(6) DODI 1315.7 published by Principal Deputy Under Secretary of Defense (Personnel and Readiness). Travel and transportation entitlements not authorized for acquired dependents.

(7) Canvas the ADCSPER breakfast to determine if interest or support could be generated for this issue.

(8) Canvas other Service MAP members and Service Per Diem Committee Members on support for legislative change.

(9) Submit legislative change via unified legislative budget (ULB) submission process for FY09.

(10) Continue to solicit support from other Services on ULB staffing.

(11) Monitor proposed ULB through legislative process.

h. Progress.

(1) Current entitlement. Current transportation entitlements allow shipment of HHG property and dependents acquired before the effective date of the orders. The effective date of the orders, for simplicity sake, is basically the date the individual signs into his or her new duty station. SM do receive BAH at the "with dependent" rate on the effective date of the marriage or adoption. Dependents receive medical, dental, PX, and commissary privileges as of the date of marriage as well.

(2) Coordination. Army proposed this initiative to the other Services FYs 02-05. Other Services did not support our proposal. Our proposal establishes date of marriage, adoption, or other legal action as the authorization date to establish dependent status for travel and transportation allowances.

(3) The issue was discussed with DASA-HR on 13Mar03. G-1 reviewed current authorizations to determine if a change to the JFTR was possible to allow SM to use remaining HHG authorizations to move newly acquired dependents HHG. In Aug03, the Per Diem Committee indicated that the current law allows for the movement of household goods that were owned by the member prior to the effective date of the orders. There is no legal authority for transportation authorized for items acquired after the effective date of the orders. This response is based on Comptroller General and OSD General Counsel decisions.

(4) The DoDI 1315.18 (Jan 05) authorizes command sponsorship for acquired dependents that meet certain criteria, but specifically states, "Members have no travel entitlement to the overseas duty station for dependents acquired after the member's effective date of orders to that overseas duty station, even if the dependents are subsequently granted sponsorship." (DoDI 1315.18, para E4.4.5) This is true for CONUS as well.

(a) On 11 Jul 05, the Asst DCS, G-1, confirmed the lack of support for this initiative by the other Services as he canvassed the other Services at the quarterly ADCSPER breakfast. The other Services were not supportive.

(b) Army submitted a ULB for FY09. Support from other Services continues to be lacking. If ULB item is supported, DODI 1315.18 will be changed to reflect new legislation.

(5) GOSC review.

(a) Nov 03. ASA (M&RA) indicated that they would forward this issue to the legislative process.

(b) Nov 04. The GOSC did not support an unattainable recommendation. G-1 will analyze this issue from

the perspective that Soldiers will be stabilized for longer periods of time at duty stations.

(c) Jan 06. Issue will remain an active AFAP issue. This issue has had no support from the other Services or the Per Diem Committee. However, it was noted that with Soldiers remaining on station longer and with the Army bringing large numbers of Soldiers CONUS there needs to be an administrative fix so Soldiers' new dependents would qualify for travel to the Soldier's next duty station.

i. Estimated cost. From Feb 04 thru Jan 05, 6038 Soldiers stationed OCONUS were married (Source DMDC). Using a planning factor of \$4,000 per move and assuming all of them would move their acquired dependent to their OCONUS permanent duty station (PDS) at Government expense, annual cost to Army would be \$4000 x 6038 = \$24.15M.

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 465: Reserve Component (RC) Post Mobilization Counseling

a. Status. Active

b. Entered. AFAP XVI; Nov 99

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Entitlements

e. Scope. With the rise in the number of RC soldiers mobilized, there is an increasing need for soldiers and family members to be afforded counseling services. Upon release from active duty (REFRAD), there are no provisions in place to assist RC soldiers and family members who need counseling, such as marital, family, and financial. Currently, RC soldiers and family members must rely on expensive civilian agencies for these services. Access to these counseling services would ensure RC soldiers' and family members' well being.

f. AFAP recommendations.

(1) Allow soldiers and family members up to one-year post mobilization to identify the need for counseling relating to service connected problems.

(2) Provide counseling services at low or no cost after identifying the need of the soldier and family member.

g. Required action.

(1) Continue full implementation of Deployment Cycle Support Plan (DCSP) for post mobilization family counseling of RC soldiers and families.

(2) Coordinate with Family and Morale, Welfare and Recreation Command (FMWRC) to insure RC Soldiers and families are included in Army One Source (AOS) and Post-Deployment Care Management (PDCM).

(3) Coordinate with the VA Vet Center for utilization data of counseling services provided to Army National Guard Soldiers and their family members.

(4) Develop a process to assess usage and services Utilized (USAR).

(5) Publicize available counseling services available to Soldiers and families.

(6) Monitor results for improvement.

(7) Survey will be put on Army Reserve web portal site.

(8) Evaluate survey results.

h. Progress:

(1) Military process. If the need for care is connected to mobilization, the member's commander may complete a

line of duty that would entitle the member to medical care. The NGB, in conjunction with the USAR, is seeking to change policy that precludes attendance in drills during the first 90 days after redeployment. Findings indicate that when Soldiers are with fellow Soldiers, they talk more about what is going on in their lives.

(a) ARNG. The National Guard Joint Force Headquarters Command (JFHC) with implementation of Deployment Cycle Support Plan (DCSP), Family Assistance Centers (FACs), and in conjunction with Military One-Source (MOS) counseling services are providing access to counseling service call, and online professional assistance.

(b) USAR. Reiterated the importance of getting Soldiers back in their units in less than 90 days after redeployment.

(2) Chaplain programs. US Army Reserve Command (USARC) conducted a train-the-trainer event on marriage enrichment for more than 80 Chaplains in Aug 03 to prepare them to conduct post-mobilization family retreats throughout the USARC for all demobilizing Reservists and families. Information on AOS and Post Deployment Care Management is included in family retreats. US Army Reserve Command (USARC) is conducting regional chaplain led family retreats post-mobilization available to all returning soldiers.

(3) Post Deployment Care Management (PDCM). PDCM provides continuous medical screening and assistance to AC and RC soldiers and assistance for family members. PDCM covers deployment related health concerns, embedding deployment health care ombudsmen/advocates into primary health care, and other medical related concerns in support of Soldiers and family members. If counseling sessions are needed after the 6 free AOS sessions, referrals are made through TRICARE or their current health care coverage. If there is no health care coverage, referrals are made to community agencies that charge nominal fees or are free.

(a) In Mar 04, the Army National Guard G1 Well Being Branch dedicated a full time asset to fully implement the DCSP and to provide oversight of the Soldier and Family Reunion and Reintegration Process in coordination with 400+ Family Assistance Centers by State Family Program Directors. While the process will enable quicker identification of at risk Soldiers and family members, necessary counseling resources for Army National Guard Soldiers and families are not fully available.

(b) NGB-J1-Family Programs has partnership with the new program Military Severely Injured Center from OSD. The program is a 24/7 hub for information, case management with referrals and tracking system. Resource advocacy: hospitalization, employment, education, retraining, rehabilitation, discharge, family support, CONUS air travel (TSA), and counseling for OIF and OEF veterans and families.

(4) Military/Army One Source (MOS/AOS). The AOS contract provides referrals 24 hours per day, 7 days per week; up to six face-to-face counseling sessions, and crisis materials (1-800-464-8107, CONUS; 1-800-464-81077 (OCONUS). AOS contract management began Jun 03 and is available to all active component (AC) (489,600), mobilized reserve component (RC) soldiers (36,000), and deployed DA civilians (900). Post-

Deployment Care Management (PDCM) provides these services also.

(a) In Nov 03, 70% of the State Family Program Directors (SFPD) for the National Guard participated in the AOS Conference and Training Workshop. In Feb 04, additional training was provided by AOS at the National Guard SFPD Workshop. AOS information is distributed and presented as part of family mobilization briefings, family workshops, Commander's Call and Senior Leader workshops. AOS is heavily marketed on the National Guard Family Program Online Community (www.guardfamily.org). Additional marketing initiatives include contact information provided on all ARNG Leave and Earning Statements.

(b) Usage of MOS services are posted on weekly basis and consolidated by component. Military One Source utilization has increase an average of 9% in each States.

(5) Vet Centers.

(a) The Department of Veterans Affairs is offering hospital care, medical services, nursing home care, and counseling services to post mobilization Soldiers and family members 2 years from the date of discharge, for combat related or potentially combat related illnesses, injuries. Mental health care follows the same 2 yr eligibility- family member is seen in connection with the veteran. At the end of the two year period, if a veteran is not service connected, there may be co-payments, based on their income. A veteran or family member can be seen at the Veteran Counseling Centers nationwide if they are discharged and a combat veteran. The service is free for the life time. Hospital care, medical services and nursing home care is also available to veterans at no cost.

(b) Utilization of the 206 available Vet Centers has improved in the Guard and Reserves. Bereavement Counseling is available to Soldiers and families and counseling for PTSD is also available for veterans with written material available to families. Soldiers can also receive additional counseling anytime if documented on a Line of Duty for diagnosed conditions such as depression or Posttraumatic Stress Disorder. Coordination is being made with the VA to provide the numbers of RC Soldiers and their families using the Vet Centers to validate the usage.

(6) Family Assistance Centers (FACs). Key players are FACs (420+) that are publicized, as the primary entry point for any service and assistance that any military family member may need during the deployment process. This process includes the preparation, sustainment, and reunion phases of deployment, information, referral, outreach and follow-up. The primary service provided by the FACs is information, referral, outreach and follow-up to ensure a satisfactory result.

(7) Survey. To evaluate the successes and challenges of the programs offered, development of an evaluation process is required. A survey was composed for distribution to returning Soldiers and their families to monitor usage and utilization of services. On 27 Jun 05, the Army Reserve revealed their web portal at their MACOM AFAP Conference. The portal provides information to counseling services and other available resources. The Survey was posted to the web portal to evaluate information received, usage, and knowledge of services available. Notification of the survey was done through AKO and Fam-

ily Programs Staff in the field. There were 324 responses. Of the 83% who were aware of the counseling, only 19% utilized the services. Those who sought counseling were comprised of a combination of both Soldiers and family members. Services utilized consisted of Military OneSource (25 percent), Department of Veterans Affairs (22 percent), Army Reserve Chaplain (12 percent), and other (41 percent) such as TRICARE, community religious organizations, and Employee Assistance Programs through civilian employers.

(8) USARC Focus Groups. Focus groups were conducted in first quarter of FY05 to conduct a needs assessment prior to distribution of a written survey through our web portal (standing up in summer of 05). The four focus groups consisted of family members and Soldiers who had been re-deployed from one to eighteen months. Preliminary results indicate counseling is in fact needed at the one year mark and beyond. Many Soldiers and their family members were struggling with readjustment issues. A survey showed that 83 percent of USAR Soldiers are aware of the counseling-related services and 19 percent are using them.

(9) Web Portal.

(a) ARNG. A Guard Family website with information relevant to all stages of deployment, benefits, and outreach information has been launched and can be accessed on www.guardfamily.org. The NGB Family Programs website has been updated and developed with an integrated tracking system that will facilitate the capture and monitor of our website users. These will allow NGB to improve our outreach program to our end users. Every month, the NGB sends a newsletter to all states which contains announcements regarding benefits, news releases, and web services.

(b) USAR. To ensure information is getting to USAR Soldiers and Families, the Army Reserve has established a web portal to provide information. In addition, information is provided at reunions and pre-deployment briefings.

(10) Veterans of Foreign War (VFW). Strategic partnership with VFW programs has been established to provide assistance to all service members and their families during the deployment process. VFW personnel will provide assistance to State Family Programs Directors (SFPDs) to answer questions, coordinate support, and act as liaison between their organization and the Joint Force Headquarters (JFHQs).

(11) GOSC review.

(a) May 01. The VCSA said that this issue would remain open but that it needs to focus on finding a solution beyond the VA and Red Cross.

(b) Jun 04. Issue remains open to monitor counseling services for Reserve Soldiers returning from theater.

(c) Nov 04. The GOSC was informed that the Army Reserves intend to distribute a survey to returning Soldiers and families 1st Qtr FY05 to assuage utilization of counseling services.

(d) Nov 06. The GOSC requested the issue remain active and will be broadened to explore how to best get information to RC Soldiers and families. Representative from the National Military Family Association (NMFA) applauded the work done in this area, but stated that they hear from families that they are not aware of the services available to them and that some of the services are not

robust enough to handle the need. OTSG attendee noted that there are an inadequate number of behavioral health providers in the nation. PAO offered to work with the USAR and NGB to put a site on the army.mil web page that identifies post-deployment support services.

i. **Estimated cost.** Resources are in place with no direct cost. Providing indirect cost information is not possible at this time.

j. **Lead agency.** NGB-J1-FP and AFRC-PRW-F

k. **Support agency.** OCCH and FMWRC

Issue 473: Untimely Finance Transactions

a. **Status.** Active

b. **Entered.** AFAP XVI; Nov 99

c. **Final action.** No (Updated: 9 Aug 06)

d. **Subject area.** Force Support

e. **Scope.** Critical transactions (such as, Basic Allowance for Housing, Temporary Lodging Expense, promotions, marital status) are not being processed in a timely manner. Process delays are due to the lack of trained Personnel Actions Center personnel, Defense Finance Accounting Services inefficiencies, and slow identification of transaction errors. Delayed payments result in financial hardships for service members and their family members.

f. AFAP recommendations.

(1) Mandate training at all levels for personnel processing finance transactions.

(2) Develop and implement software that processes transactions twice a month.

(3) Establish bilateral performance standards requiring all parties to identify errors and deficiencies expeditiously.

g. Required Actions:

(1) Establish formal training for S1 Officers.

(2) Build an automated interface that electronically transmits military pay action from personnel units to finance activities.

(3) Establish a means to evaluate performance of new system.

h. Progress.

(1) Refocus of issue. At the Nov 00 AFAP GOSC, the DCSPER explained that deficiencies are systems deficiencies, not training -- specifically, a lack of personnel and pay system integration. OASA (FM) confirmed that 90% of all pay transactions are processed on time. Therefore, the resolution of this issue was to provide status reports on the personnel/pay systems integration and reporting a status report of the Personnel Transformation (PT) initiative.

(2) Personnel.

(a) The Personnel Transformation concept (briefed to the CSA in Jan 01) returns company clerks to units, reengineers business processes, initiates the use of web-base technology for personnel transactions, and supports establishment of formal S1 training.

(b) AG School placed an S1 Tool Kit on their website (<http://usassi.army.mil/toolkit/index.htm>). It provides a tool for commands to use locally in conducting S1 sustainment training.

(3) Automated interface.

(a) The Defense Joint Military Pay System (DJMS) processes transactions twice a month (and up to 8 times per month for the RC) but there is currently no electronic

interface between the personnel and financial automated systems. The DIMHRS Program Manager expects to achieve the Army's Initial Operating Capability in 1st Qtr FY06 and Full Operating Capability in 1st Qtr FY07.

(b) In Jul 06, 91% of transactions submitted by Army installations and activities to the Defense Joint Military Pay System (DJMS) were processed within 30 days of the effective date. However, there are particular transaction types with significantly lower timeliness. Specifically, the Army and DFAS are analyzing housing and cost of living allowance transaction flows to determine systemic methods for improving the process (i.e. interfaces). The Army and OSD have both established councils of senior finance and personnel executives to evaluate pay issues and initiate improvement. Timeliness of pay transactions is at the forefront of both council's current agendas. In response, DFAS has prepared, coordinated and received approval of an overall military pay improvement plan for OSD.

(c) The decision to move forward with the DIMHRS (Pers/Pay) program demonstrates the Army's commitment to accelerate business transformation and process improvements, which entails reducing legacy systems and leveraging commercial best practices. In addition to integrating personnel and pay processes, the DIMHRS (Pers/Pay) program will provide better Human Resources services to Soldiers and their families and provide combatant commanders access to accurate and timely personnel information needed to assess operational capabilities to continue fighting the War on Terror.

(d) The Business Transformation Agency (BTA) is responsible for DIMHRS (Pers/Pay) at the OSD level. Acquisition governance for the Army has not been resolved but will likely be transferred to PEO EIS.

(e) The Army DIMHRS (Pers/Pay) team resumed work in mid Jan 06 to begin development of new business processes that will prepare the Army for DIMHRS (Pers/Pay) implementation through functional and operational requirements. Preparation is also underway for training, testing, and systems integration.

(f) To aid in development of the new business processes, the Army is currently conducting focus groups with subject matter experts representing each functional area to define Army requirements to be built in DIMHRS (Pers/Pay), write business rules and end-to-end processes as dictated by laws, regulations, and policies. These focus groups reconvened on 1 Mar 2006 after a brief pause to refocus new business process development efforts.

(g) The official fielding date is Apr 08 and the Army intent to go forward with DIMHRS (Pers/Pay) has been clearly stated. The Army G8 has convened an EXCOM to address funding issues, and the governance role of PEO EIS is yet undefined.

(h) DIMHRS (Pers/Pay) is the solution that will provide the Army with a Multi-compo personnel/pay system capable of seamless mobilization and demobilization, integrated pay functionality, and 24 hour self-service functions.

(i) At the request of the Army, DFAS is developing a system change to the current DJMS input system for military pay which will allow aging of transactions by source from the effective date to the date they are received in fi-

nance for processing. An implementation schedule has not yet been developed.

(4) GOSC review.

(a) Nov 00. The DCSPER explained that a system change will allow a single transaction to simultaneously post changes to pay and personnel systems.

(b) Mar 02. The Army is scheduled to be the first Service to receive the integrated personnel/pay module. The Joint Defense Integrated Military Human Resource System (DIMHRS) office is scheduled to begin fielding to the Army in Feb 04.

(c) Nov 04. The Nov 04 GOSC stressed the importance of implementing this initiative, especially in light of the many pay problems experienced by mobilized service members.

i. Estimated cost. Cost will be incurred to provide training. Funding for the implementation of DIMHRS has been requested.

j. Lead agency. SFFM-FC-ZA

k. Support agency. HRC

Issue 474: Shortage of Professional Marriage and Family Counselors (CONUS)

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Medical/command

e. Scope. Military families need assistance in coping with pressures associated with managing complex relationships within a military lifestyle. Currently, chaplains are the major counseling option unless there is identified family violence (Family Advocacy option) or medical/mental health diagnosis of a family member, and marital/family therapy is the method selected to reduce conflict and facilitate medical management of the problem (TRICARE option). Not all chaplains are trained marital counselors, and local civilian counseling services are not available in adequate numbers near all installations.

f. AFAP recommendation. Increase the number of marriage and family counselors in underserved areas by expanding the use of contract resources.

g. Required action.

(1) Conduct needs assessment of 10 poorly supported installations and 5 marginal installations. Based on assessment, determine the cost of additional marriage and family counselors in CONUS.

(2) Initiate contract process of marriage and family (M&F) therapists. Monitor status of M&FT contract implementation.

(3) Initiate Social Work Care Management Program in primary care clinics on Force Projection installations.

(4) Monitor implementation of Army One Source for impact on marriage and family counseling.

(5) Work with ARSTAF to establish mission and funding responsibilities.

(6) Monitor status of impact of DA Deployment Cycle Support, Deployment Related Stress/Post Traumatic Stress Disorder (PTSD) Working Group's actions/recommendations on the Army requirement for M&F therapists.

(7) Request decision from TSG about future role of M&F counselors within AMEDD Select Marital Satisfac-

tion Inventory to be administered to couples as pre/post measure of change.

(8) Review results of 2004 Survey of Army Families to assess impact of results on Issue's Recommendation.

(9) Continue to work with Army Staff (ARSTAF) to establish mission and funding responsibilities.

(10) Monitor status of M&F Therapy contract implementation.

(11) Request decision from TSG about future role of M&F counselors within AMEDD.

h. Progress.

(1) Requirement. Analysis revealed shortages at 9 installations, requiring a total of 10 master's level, licensed, marriage and family therapists at Forts: Bragg (2); Drum (1); Stewart (1); Campbell (1); Huachuca (1); Leonard Wood (1); Rucker (1); Sill (1); and Wainwright (1).

(2) Contracts.

(a) Army, Office of The Surgeon General (OTSG) and MEDCOM have renewed the M&F therapy contract from 1 Oct 05 thru 30 Sep 06. During this time, OTSG/MEDCOM will continue to assess utilization of the M&F counseling services available under the contract. A decision brief will be presented to TSG to help map a future M&F Counselor Program Course of Action (to be scheduled by end of 2nd QTR FY06).

(b) To initiate required services, the MEDCOM Contracting Office extended an existing contract with Healthfax of Atlanta, GA, in 4th QTR FY02, to recruit 10 contract therapists who began in Sep 02. Using FY02 funds, MEDCOM continued FY03 contract operations at a cost of \$750K in un-programmed funding. In FY04, the contract continued with \$860K in un-programmed funding, an increase of \$125K over FY03 costs. MEDCOM continues to work with the ARSTAF to determine mission and funding responsibility for M&F counseling issues to address the out-years.

(c) MEDCOM selected a new contractor (Zeitgeist Expressions of San Antonio, TX) following hiring difficulties under the original contract. The 10 contract M&F counselors were in place and working at the 9 installations as of Feb 04. This contract also covers services to activated RC personnel/families. As of Jan 06, 14 contract M&F counselors are in place providing services at the 9 installations.

(d) Work load data for the 9 installations/M&FTs for FY05 totaled 13,899 ambulatory encounters with 3,332 unique patients. Installation breakdown is as follows: 1,272 at Fort Bragg (2 providers); 1,541 at Fort Leonard Wood; 739 at Fort Wainwright; 3,171 at Fort Campbell (3 providers); 1,211 at Fort Sill; 1,101 at Fort Stewart; 1,730 at Fort Drum; 1,302 at Fort Rucker; 831 at Fort Huachuca; 1,001 at Fort Stewart.

(e) In-depth analysis revealed shortages at nine (9) Army installations. Two of the initial installations with few M&F therapists (M&FTs) off the installation proved to have adequate support on the installation (Fort Hood and Fort Polk). Although Fort Bragg appeared to be adequately supported off the installation, events and analysis revealed that access was problematic and support on the installation was less than required. The 9 installations required a total of 10 Masters level licensed, M&F therapists.

(f) OTSG and MEDCOM are renewing the M&F therapy contract from 27 Sep 04 - 26 Sep 05. During this

time, OTSG/MEDCOM will continue to assess utilization of the M&F counseling services available under the contract. OTSG/MEDCOM will also work with FMWRC/G1/G3 to determine the feasibility of phasing out the services provided under this contract as AOS/MOS demonstrates ability to provide the recommended services.

(3) Studies and initiatives.

(a) Army Surgeon General's Epidemiologic Consultation (EPICON) Study. The most profound finding of the efforts of the EPICON investigations at Fort Bragg was that the model that we use to apply many of our behavioral health services to the AD beneficiary population is flawed. Investigators concluded that many of the programs are stove-piped. Soldiers feel that seeking help in our current programs is not career-safe. It was decided that further expansion of behavioral health services in a piecemeal fashion is not the answer. An approach will be pursued to integrate disciplines/encourage soldiers/families to seek help early.

(b) The DOD Task Force on Domestic Violence. The Task Force's third/final Report is being reviewed by DOD Principals. Shortages of marriage and family counselors will not be directly impacted by the report, but policy changes relating to DOD responses to domestic violence may impact the ways in which marriage/family therapists work with domestic violence cases.

(c) Recent media attention has focused on the number of divorcing Soldiers. USA Today (9 Jan 06) reports enlisted divorce rates at 3.6%, an increase from 1.7% in CY00. The Officer divorce rate is reported at 2.3% per year, down from 6% in CY04. The Center for Disease Control reports that the national divorce rate is 4.3% annually. An analysis of Army suicides reveals that approximately 70% involve failed relationships.

(d) The USA MEDCOM has purchased an Outcomes Questionnaire (OQ-45) for use by all contract M&F therapists. It measures a broad range of symptom distress, marriage and family difficulties, and difficulties with workplace duties. The instrument is sensitive enough to measure even a moderate amount of change between the first and last sessions. It has been in wide use since 1994. Very early analysis of the data indicates that the couples seeking help are indeed experiencing significant levels of symptom distress and interpersonal relationship problems. Symptoms and relationship problems appear to decrease with therapy. Greater numbers of questionnaires are needed before further analysis can be completed.

(e) In post-deployment reassessment data completed in Jul 05 by WRAIR (Land Combat Study of 30,000 Soldiers), researchers saw Soldiers with anger and aggression issues increase from 11% to 22% after deployment. In the WRAIR study, those planning to divorce their spouse rose from 9% pre-OIF to 15% post-OIF.

(f) In a preliminary analysis of post-OIF Soldier and spouse responses, researchers at Kansas State University extrapolated that 380 out of 1,440 Soldiers (26.4%) were in unstable marriages.

(g) Analysis of the responses to the 2004 Survey of Army Families indicates that 1/2 of respondents would prefer to seek help off the installation and 1/2 would prefer help offered on the installation.

(h) Army, Office of The Surgeon General (OTSG) and MEDCOM have renewed the M&F therapy contract from 1 Oct 05 thru 30 Sep 06. During this time, OTSG/MEDCOM will continue to assess utilization of the M&F counseling services available under the contract. A decision brief will be presented to TSG by end 1st QTR FY07 to help map a future M&F Counselor program course of action.

(i) Most Army behavioral health consultants support the concept of moving behavioral healthcare in the direction of an integrated, population based mental healthcare model (a staffing model based on a ratio of one provider per X number of beneficiaries). The Office of the Assistant Secretary of Defense (Health Affairs), Assistant Secretary of the Army (Manpower and Reserve Affairs), and OTSG continue to work to address this and similar issues regarding the re-deployment/re-integration needs of Soldiers. The MEDCOM Behavioral Health (BH) Division has the lead on accessing the BH needs of the Army and developing an implementation strategy. MEDCOM has developed a pre-decision brief for presentation to TSG to help map a future M&F counselor program course of action. The pre-decision briefing was held on 9 Jan 06. A final decision is pending the provision of additional supporting data, ref. clinical improvements in distress levels for clients seen by the contract M&FTs.

(4) Current sources of counseling/related services:

(a) Army One Source (AOS)/now Military One Source (MOS).

(1) AOS is a component of the Army Chief of Staff directed Deployment Cycle Support concept plan (CONPLAN) for Operations Enduring Freedom and Iraqi Freedom. The Total Force CONPLAN is a multi-agency response to mitigate deployment cycle difficulties. It covers the entire spectrum of the deployment cycle (pre-deployment, deployment, re-deployment, and post-deployment, both near term and long term) and addresses every day concerns.

(2) AOS provides a 24 hours/7 days a week/365 days/year toll-free information/referral telephone line and offers an internet/Web-based service. It includes a vast array of information and referral services, including M&F counseling. Six counseling sessions, per issue, are provided at no cost to beneficiaries. Masters-level consultants answer the toll-free telephone line. Callers may remain anonymous and are made aware of the limits of confidentiality available. If face-to-face counseling is necessary, AOS provides referrals for assistance from professional civilian counselors.

(3) AOS services are available to AD Soldiers, ARNG, RC members, and deployed civilians/families worldwide. AOS will provide referrals to counselors in CONUS, Alaska, Hawaii, Puerto Rico and Guam. In OCONUS, face-to-face counseling is provided via existing MTF services.

(4) The Army G-3 approved funding for AOS on 8 May 03 for a 12 month contract. The DOD Office of Family Policy awarded the contract to Titan Corporation as the Prime and Ceridian as the sub-contractor. Additional funding has been approved by the Army G-3 to extend the contract thru Aug 05. Each Service has been operating its own "One Source" program. The DOD recently combined all the One Source programs under one roof as Military One Source (MOS) and is centrally fund-

ing the program beginning Sep 05 thru FY08. AOS is now included in MOS.

(5) MEDCOM anticipates that AOS will help fill M&F counseling requirements near the installations identified herein. The AOS contract has a network of providers which includes licensed clinical social workers, psychologists, and marital and family counselors. An appointment is scheduled within 48 hours after an individual contacts a network provider. Network providers are required to offer services within a 30-mile radius of individuals. In remote areas, the network provider is required to travel to provide in-home counseling to meet this requirement. The counseling provision of the AOS contract provides outreach to the Guard and Reserve who are not likely to be near an installation. OTSG and MEDCOM are committed to helping to advertise this valuable service to Army beneficiaries.

(6) FMWRC is conducting installation team visits to provide technical assistance in implementing AOS. MEDCOM detailed an individual to FMWRC to assist with the team visits and with AOS advertising, marketing and program evaluation. The FMWRC Contracting Officer's Representative (COR) conducts weekly in-process-reviews (IPRs) with the contractor, MEDCOM, ARNG and Reserve Family Program representatives. (Open AFAP Issue #522 also addresses this.)

(7) Of the \$27M currently spent on MOS, about \$18M was invested in providing counseling services in FY04 through FY05. For FY05, MOS has referred 10,197 individuals (Army) for non-medical counseling. This resulted in 13,753 M&F therapist sessions delivered during FY05 at a cost of \$9M. In contrast, the 14 contracted M&FT therapists had a total of 13,899 patient encounter sessions during the same period.

(8) Not all individuals who are referred actually initiate MOS non-medical counseling. Actual utilization rates are calculated from invoice data that may lag referral data by several months. However, the most complete data available for calendar year (CY) 05 shows that out of 10,197 referrals, 7,894 initiated counseling, for a rate of 77%, an average of 658 per month who initiated counseling. Referrals for emotional well-being for couples comprised 49.2% of all referrals for this period.

(b) Army Social Work Care Management Initiative (SWCM). The Army Medical Department (AMEDD) is managing another Army DCS initiative developed as a result of lessons learned during Operation Solace. It provides licensed clinical social workers to screen Soldiers throughout the deployment cycle and provide support for those identified as needing deployment-related medical and behavioral health services. The SWCM initiative and the pre-existing program available through the Deployment Health Clinical Center (DHCC) at Walter Reed Army Medical Center are designed to ensure full implementation of the post-deployment health clinical practice guidelines (PDH-CPGs found at www.pdhealth.mil). Fifty five of 59 licensed clinical social worker Care Managers have been hired to work out of primary care clinics located at 20 force projection/support installations. Duties include providing care management and referral services for military personnel/families with deployment related concerns. Counseling services are not available under the Care Management initiative.

(c) Army Community Service (ACS)/Family Advocacy Program (FAP)/military treatment facilities (MTFs): ACS, FAP and Army MTFs provide various levels of assistance/services to military beneficiaries. The services are tiered as follows: (1) primary: prevention and education services; (2) secondary: high risk population interventions (in the absence of a domestic, other incident); and (3) tertiary: direct intervention and treatment initiated after an incident has occurred.

(1) ACS/FAP: Provide primary and secondary levels of service, with a focus on prevention and psycho-educational classes for community and at-risk populations. (See also paragraph 2.a. above.)

(2) MTFs: Provide secondary and tertiary levels of services, with a focus on direct services, e.g., safety plans, medical evaluations, domestic violence counseling, etc. after an incident has occurred.

(d) Department of Veterans Affairs (DVA): Provides a continuum of care available to veterans, families, and communities. Available care includes professional readjustment counseling, community education, outreach services to special populations and brokering of services with community agencies. About 206 DVA centers in 54 states and or territories provide services to eligible persons.

(e) TRICARE: Routine counseling services are not covered by TRICARE. Eight unauthorized mental health visits are available under TRICARE, through which professional services are available for care associated with mental health/psychiatric diagnoses/disorders only.

(f) Chaplains. Expansion of the Chaplain's "Building Strong and Ready Families" also provides couples' support from an educational perspective. This is a commander's program designed to be in partnership with the medical community. It is geared toward teaching families how to live in relationships while anticipating/preparing for stressful events, e.g., deployments and re-deployments, etc. as they attend to their health needs in the short/long term. The targets are military members/families at force projection installations with units down range, and also first term families. This program is initiated by an installation commander's request/funding. Chaplains are not typically trained in counseling services as a part of their religious education. Those licensed to provide M&F counseling services usually work from Family Life Centers (FLCs), for which the Chief of Chaplains is the proponent. Services available include pastoral care and counseling, M&F life education, and M&F counseling. The FLCs are located on a few military installations.

(5) GOSC review.

(a) Nov 00. MEDCOM estimates that ten installations have insufficient family and marriage counseling resources within a 25 mile radius. MEDCOM is assessing options.

(b) Mar 02. To meet the need in underserved CONUS locations, MEDCOM will contract for Masters level licensed marriage and family therapists.

(c) Nov 02. The VCSA noted that Army can do some things immediately, like adding counselors, but the more challenging issues will require further study.

(d) Nov 03. Assurance was given to the VCSA that the Army is trying to increase RC awareness of Army One Source.

(e) Nov 04. The VCSA emphasized that with limited assets, and the Army needs to pool resources where we need them to be. OTSG will seek data to quantify stress and strain on the total force that would help define the requirement for counseling.

i. Estimated cost. The FY06 cost for the 10 M&F counselors totals \$900,000. The costs for the four additional M&F counselors at Fort Campbell (2) and Fort Sill (2) are paid with local Global War on Terrorism (GWOT) funds total \$343,033. The contract Marriage & Family therapy (M&FT) services are funded for FY07 at the FY06 level.

j. Lead agency. USAMEDCOM (MCHO-CL)

k. Support agency. G-1; G-3; FMWRC

Issue 478: DoDDS Tuition for Family Members of DOD Contractors and NAF Employees

a. Status: Active

b. Entered. AFAP XVII: Nov 00

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Education

e. Scope. Family members of non-sponsored, full-time DOD non-appropriated fund (NAF) employees and DOD contractors do not receive space-available, tuition-free enrollment in Department of Defense Dependent Schools (DoDDS). Trends indicate an increase in NAF and contracted personnel to meet overseas mission requirements. Current enrollment categories for tuition-free, space-available education opportunities are a determining factor in recruiting and retaining quality employees in overseas areas. Expansion of the space-available, tuition-free enrollment categories will create greater equity among the different employment systems and maintain a quality workforce.

f. AFAP recommendation. Provide space-available, tuition-free education to family members of DOD non-sponsored, full-time NAF employees and DOD contractors.

g. Required action.

(1) Monitor progress of DOD and legislative inquiries regarding the amendment proposals for Unified Legislation and Budgeting (ULB) 2006.

(2) DoDDS accommodated all students in these categories beginning in SY 2006-2007.

(3) Cancellation of DoD Directive 1342.13 and implementation of DoDEA Regulation 1342.13.

h. Progress.

(1) Validation. In 1989, section 932 of title 20, United States Code, was amended to require that sponsors of dependents eligible for space-available, tuition-free status in Department of Defense Dependents Schools (DoDDS) be restricted to certain individuals authorized to transport dependents to or from an overseas area at Government expense and provided an allowance for living quarters in the overseas area. However, a class waiver to allow dependents of locally hired appropriated fund (APF) employees to attend DoDDS on a space-available, tuition-free basis had been in place since the early 1980s and remained in place after passage of the 1989 amendment.

(2) Policy change for local hire, full time NAF employees. The Assistant Secretary of Defense for Force Management Policy granted a class waiver on 2 Aug 01, for school-age dependents of local-hire, full-time NAF employees in overseas areas to be eligible on a space-

available, tuition-free basis for enrollment in DoDDS, effective School Year 2002-03. As a result, dependents of APF and NAF full-time, local-hire employees have equal enrollment priority. The waiver was published in the Federal Register and DoD Directive 1342.13, "Eligibility Requirements for Education of Minor Dependents in Overseas Areas."

(3) Enrollment criteria. The number of space-available, tuition-free spaces fluctuates by school and grade each year, depending upon space-required/tuition-free and space-available/tuition-paying enrollments. There are no guarantees of tuition-free enrollment for space-available students from year-to-year. Non-Command sponsored military dependents have first priority for space-available, tuition-free enrollment, followed by APF and NAF full-time, local-hire employees. Spaces for dependents of APF and NAF full-time, local-hire employees are assigned based on the date the sponsor was hired in the current overseas location.

(4) Local-hire APF and NAF dependents from space available to space required status. The FY06 NDAA provided the Secretary of Defense authority to change the DODDS status of dependents of locally hired, full-time, appropriated and NAF employees (who are US citizens) from space-available to space-required enrollment status. These dependents were always tuition free, but enrollment was subject to space availability.

(5) Children of U.S. Government contractor from space-available/tuition paying to space-required/tuition paying status. The OSD General Counsel determined DOD already has authority to change status of dependents of contractors from space-available to space-guaranteed and does not require legislative proposal. Dependents of contractors still must pay tuition.

(6) Implementation.

(a) Permanent implementation of both changes was dependent on the cancellation of DoD Directive 1342.13 and implementation of DoDEA Regulation 1342.13.

(b) The following changes in the enrollment eligibility category status for dependents of APF/NAF and DOD contractor became effective on 11 Aug 06 with the cancellation of DoD Directive 1342.13 and implementation of DoDEA Regulation 1342.13.

(1) The DoDDS enrollment category for dependents of full-time, locally hired Department of Defense (DoD) Appropriated Fund (APF) and Non-Appropriated Fund (NAF) employees in overseas areas will be changed from Space-Available, Tuition Free to Space-Required, Tuition-Free. This change was authorized in the FY 2006 NDAA.

(2) The DoDDS enrollment category for dependents of DOD contractor personnel will be changed from Space-Available, Tuition Paying to Space-Guaranteed, and Tuition-Paying. DoDDS will require a copy of either the Logistical Support Section of the contract authorizing dependent education in DoDDS on a tuition-paying basis or a Technical Expert Accreditation Status awarded to that sponsor, DD 1172-2 Common Access Identification Card Application or copy of the contractor's or contractor's spouses identification cards prior to enrollment.

(7) GOSC review.

(a) Mar 02 GOSC. DoDEA is reviewing the issue of providing space-available, tuition-free education to DOD contractors.

(b) May 05 GOSC. The General Counsel has authorized, based on the parent's permanent civilian employment status, continued DoDDS enrollment for overseas children whose Civil Service parent is mobilized. OSD continues to work enrollment eligibility of children of contractors (Federal and corporate) who are mobilized.

(c) Jun 06 GOSC. The GOSC determined the issue would remain active awaiting publication of DODEA Regulation 1342.13.

(d) Nov 06. The GOSC requested the issue remain active.

i. **Lead agency.** DoDEA-OCS

j. **Support agency.** None

Issue 479: Equal Compensatory Time for Full-time NAF Employees

a. **Status.** Active

b. **Entered.** AFAP XVII, Nov 00

c. **Final action.** No (Updated: 12 Sep 06)

d. **Subject area.** Employment

e. **Scope.** Not all NAF employees are authorized compensatory time off. Exempt employees can receive compensatory time off or overtime pay when approved by a supervisor; however, non-exempt employees cannot. All NAF employees should be given the option of accruing compensatory time or being paid overtime. This change will align the NAF with the APF employee policy.

f. **AFAP recommendation.** Authorize compensatory time for all full-time NAF employees.

g. **Required action.**

(1) Submitted for ULB FY06, 1st round.

(2) Delegation of authority and implementing guidance.

h. **Progress.**

(1) Validation. Army NAF pay band employees who are covered by the Fair Labor Standards Act are not allowed compensatory time-off for overtime hours worked in excess of 40 in a week. This is the only group of employees not authorized compensatory time-off in lieu of overtime pay. Wage employees were authorized compensatory time-off in Jan 97 (Pub. L. 104-201). Approximately 16,772 (all services) non-exempt pay band employees will be affected by this change. Compensatory-time off would not result in an additional cost. The law currently requires overtime pay for hours worked in excess of 40 in a week.

(2) Legislation.

(a) A change in law is required to amend the last part of section 5541(2) (xi) of 5 United States Code (USC) to read as follows, "except as provided by section 5543 and 5544 of this title." Including "5543" in the legislative language would allow equal compensatory-time off provisions for all non-exempt NAF employees. This initiative supports DoD Civilian HR Strategic Plan Goal 7, "Promote Quality of Work Life as an Integral Part of Daily Operations" and P&R and DoD goals of more effective management of DoD's work force and resources.

(b) A proposal was submitted for the FY04 legislative process but was dropped for the "Defense Transformation for the 21st Century Act 2003." OSD submitted the proposal for the FY06 ULB. The proposal was addressed in both the House and Senate versions of the 06 NDAA. The initiative was signed into law on 6 Jan 06.

(c) The Under Secretary of Defense for Personnel and Readiness signed a redelegation memorandum,

dated 30 Mar 06, to the Component Secretaries for implementation of FY06 National Defense Authorization Act (Public Law 109-163), section 5543(d) of Title 5, U.S.C. The Policy and Program Development Division, NAF Branch, has developed a memorandum for the Secretary of the Army's signature for redelegation authority at the lowest practicable level. Memorandum is being staffed for the Secretary of the Army's signature.

(3) GOSC. The Jun 04 GOSC was informed that OSD would submit a legislative proposal in the FY06 ULB to authorize compensatory time for all full-time NAF employees.

i. Estimated cost. Compensatory-time off would not result in any additional cost.

j. Lead agency. DAPE-CP-NAF

k. Support agency: US Army

Issue 480: Family Sponsorship During Unaccompanied Tours

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: 24 Aug 06)

d. Subject area. Family Support

e. Scope. Some families face isolation and difficulty when their sponsor leaves on an unaccompanied tour of duty. When this occurs, neither the losing nor the gaining units are responsible for providing family support. When problems arise, the families are left with no one to be their advocate. This lack of sponsorship leaves families without a source of immediate and adequate information pertaining to financial, military, and community issues. Problems are compounded and are difficult to resolve without chain of command presence.

f. AFAP recommendations.

(1) Assign sponsorship of waiting families to the garrison chain of command.

(2) Require the Military Personnel Service Center to notify Army Community Service (ACS) and the Garrison Commander of waiting families in the area.

g. Required action.

(1) Obtain ACSIM concurrence on request to appoint a sponsor from the garrison chain of command.

(2) Change AR 608-1 to obtain the address of families with sponsors leaving on unaccompanied tours at the overseas briefing and to include these families in ACS outreach programs.

(3) Determine alternative services available to geographically dispersed waiting families residing in areas with no military installations or offices for assistance.

(4) Develop and produce materials for families and enhance current web-based program for sponsorship of waiting families.

h. Progress.

(1) Issue validation. Unless soldiers let ACS know that their family is remaining in an area or is in an area, the first time ACS gets word of these families is usually after a crisis has occurred.

(2) Garrison sponsorship. In Feb 01, ACSIM non concurred with request to appoint a sponsor from garrison command. ACS is the best agency on the garrison staff to assist waiting families.

(3) Regulatory guidance.

(a) AR 600-8-11 requires all soldiers scheduled for overseas assignment to attend an ACS overseas briefing. This includes remote and isolated soldiers.

(b) Change to AR 608-1, para 4-28, (20 Oct 03) requires support services to families residing on post or in surrounding community who live separately from the military and/or civilian sponsor due to mission requirements. Services include needs assessments and information; community services information; crisis intervention services; support groups, as appropriate; and liaison with military/civilian agencies to ensure provision of required assistance.

(3) Notification. The military personnel division (MPD)/personnel service battalion (PSB) schedules each Soldier with an overseas assignment for an orientation with ACS. At these briefings, ACS requests addresses of waiting families to ensure contact and support (as outlined in paragraph above) can be provided.

(4) Services available to geographically isolated families.

(a) Military One Source (MOS) offers a 24-7 toll-free telephone (1-800-464-8107) and web-based information and referral service (www.militaryonesource.com) to active duty Soldiers, demobilized National Guard and Reserve Soldiers, deployed civilians and family members worldwide. MOS provides immediate information and makes referrals as needed to professional counselors. MOS information on-line or by phone includes: parenting, child care, education, work, health, wellness, legal, addiction, emotional well being, and everyday issues.

(b) The Army Information Line (1-800-833-6622) is part of an integrated service delivery system managed by the Chief, Well-Being Liaison Office (WBLO). It provides accurate information and issue resolution services and serves as a safety net for those who have exhausted all other resources. "The Army Families Online" web site is located at: <http://www.WBLO>.

(c) Web-based services on the ACS website, www.myarmylifetoo.com, assist connections for waiting families. The Army Relocation Readiness Program has launched new web pages to enhance services and to further assist connections between waiting families.

(5) Fort Carson Plan. An analysis of the Fort Carson restationing plan: identifying and contacting geographically dispersed families, establishing a central welcome center for families, fostering a sponsorship program to welcome and mentor families, identifying EFMP families, Immigration concerns, town hall Meetings, chaplain support, reintegration plan and expanded Soldier & Family Post Traumatic Stress Disorder training revealed the following successes and challenges.

(a) The Garrison Commander hosted a 2BCT Initial Planning Conference to set the conditions for understanding responsibilities for restationing, redeployment and modular conversion actions of all personnel, families and equipment and to provide information, coordinate specified tasks and to develop necessary baseline requirements.

(b) ACS established a central welcome center for families to provide one-stop reception. ACS Identified and made contact with geographically dispersed families. ACS identified Exceptional Family Members (EFM) and ensured 100% screening of EFMs deemed service eligible. ACS held a community fair and supported Phase 2

Deployment Cycle Support Program (DCSP) training-Reunion week. They expanded Soldier and family training for supporting Post Traumatic Stress concerns. Army Family Team Building Classes, rear detachment (RD) classes and Family Readiness Leader trainings were held. ACS staff taught prevention classes. Technology was maximized with online courses.

(c) Outreach by Family Readiness Group (FRG) leaders provided informal sponsorship, and identified family needs for support.

(d) Unit Commanders role: Fort Carson's RD – Forward, established by the 7th ID Command, immediately increased outreach by telephone, web, and mail to assist the 2 BCT families arriving at Fort Carson. They established a mentor program, ensured multiple vFRG opportunities through the RD in Korea, and assisted with immigration concerns.

(e) The May 05 GOSC determined Fort Carson's plan to take care of Soldiers and families of the 2/2 Infantry Division could serve as a model to assist waiting families. FMWRC is working with a vendor to offer enhancements to the ACS web-site and provide updated information to further assist waiting families. Projected date for completion is 2nd Qtr FY07.

(6) GOSC review.

(a) May 01. ACS will include waiting families in their outreach initiatives.

(b) Nov 03. Issue will explore alternative services to geographically dispersed waiting families who reside where no military installations or offices are available for assistance.

(c) May 05. The VCSA said that when people think of "unaccompanied tours", it's no longer just Korea – it's also Afghanistan, Iraq and other locations. He directed a test base to see what's working and what's not. Suggestion was made to use Fort Carson as a test base.

i. Estimated cost. \$50K for Web-Based Program, program disks and booklets included in ACS costs.

j. Lead agency. IMWR-FP

k. Support agency. AHRC, ACSIM

Issue 483: Incentives for Reserve Component Military Technicians

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Force Support

e. Scope. All Reserve Component (RC) soldiers, regardless of civilian employment status, should be entitled to the Selective Reserve Incentive Program (SRIP), to include non-prior service and prior service enlistment, reenlistment, affiliation bonuses, educational loan repayments, and the Montgomery GI Bill Kicker. Military technicians (MT) perform in both a military and civilian capacity; yet, they are not eligible for incentives afforded to other members of the RC. Currently, incentives received as a soldier prior to becoming a MT are terminated when they accept a MT position. The policy denies a benefit afforded to other categories of Reserve Component soldiers and, in many cases, places a huge financial burden on a reservist who takes a civilian position to enhance the readiness of the force.

f. AFAP recommendation. Authorize Army Reserve MTs to receive and retain incentives contained in the Selected Reserve Incentive Program.

g. Required action.

(1) DA G-1 transfer incentive program management for Army Reserve Soldiers to the Chief, Army Reserve

(2) DA G-1 remove incentive restrictions of MTs.

(3) OCAR Legislative Affairs push for change in law for Affiliation Bonuses.

(4) AO quantifies number of MTs who are separating because of issue.

(5) Identify the responsible office within the Office of the Secretary of Defense for publishing the DoDI.

(6) Validate if revised DODI 1205.21 is published.

(7) Verify action by DA G-1 to reinstate incentives to MT.

h. Progress.

(1) Validation.

(a) Military technicians perform in both a military and civilian capacity; yet, they are not eligible for incentives afforded to their peers in the Army Reserve. This includes entitlement to non-prior service and prior service enlistment bonuses, the reenlistment bonus, the affiliation bonus, the Student Loan Repayment Program, the Health Professional Loan Repayment Program, the medical professional recruiting and retention bonus, Specialized Training and Assistance Pay, and the Montgomery GI Bill Kicker. Currently, incentives received as a drilling reservist prior to becoming a MT are terminated when the MT position is accepted.

(b) Denying SRIP to MTs negatively impacts their morale, recruiting, and retention. Many drilling reservists have declined MT employment when they realized they would lose their SRIP eligibility, especially the Student Loan Repayment Program. Recruiting and retaining MTs is hard enough with the conditions of employment and the current requirements for contingency operations. Providing the incentive package would be a measurable no-cost, positive additive to those efforts. The Army Reserve has 7,844 MT authorizations. The program is currently not making end strength. We currently have a 95% fill rate. We believe we could be at 100%+ and that the quality of the force could be measurably improved by allowing MTs to receive SRIP incentives.

(2) Legislation.

(a) Memorandum dated 4 Apr 04 has been forwarded to Army G1 to transfer incentive program management for Army Reserve Soldiers to the Chief, Army Reserve (CAR). Some control elements of the SRIP have been delegated to the CAR but not overall management authority. No more authority is expected to be delegated.

(b) A change to Title 37 USC, section 308e, is needed to obtain or retain the affiliation bonus. HR 4200, NDAA FY 2005 contained language to repeal the eligibility prohibition for MT. It was not included in either the final FY05 NDAA or in the FY06 NDAA. The legislative change request will be resubmitted when MT are included in the SRIP program.

(3) Regulatory Guidance.

(a) All regulatory guidance that requires changing has been identified and change requests have been forwarded to DA G-1. The Reserve Component Review Committee, DA G-1, is reviewing all changes and has

suspense of 25 Jan 2005 to submit their recommendation for revised regulations AR 601-210 and AR 601-280 to TJAG for review.

(b) On 19 Apr 05, the Army formally non-concurred with the pending revision to the Department of Defense Instruction 1205.21 because MT were not included, thereby showing their support for MT receiving the incentives as was the point of this AFAP initiative. A revised DoDI 1205.21 was recently received by the Army for staffing. It still includes the prohibition for MT getting the incentives. Although not yet asked for a formal coordination, the Full Time Support Branch, USARC, has verbally requested HQDA, G-1 to again non-concur.

(c) A change to DoDI 1205.21 was approved by the Secretary of Defense that allows MT that reenlists while in Kuwait, Iraq, or Afghanistan to receive the SRIP reenlistment incentive. It may be retained when they return to their MT position. This is separate from the action to include the MT in all of the SRIP.

(4) GOSC review.

(a) May 01. GOSC was informed of the legislative proposal being submitted to address this issue.

(b) Nov 04. Issue remains active pending legislation.

i. Estimated cost. There is no (or minimal) cost associated with the proposal. The cost associated with the payment of incentives is based on the soldier's military occupational specialty or area of concentration, not on their status as a MT. The incentive list of critical skills is modified frequently and offers incentives to critical MOSs and units within current budgetary constraints

j. Lead agency. USARC DCS, G-1, Resource Management Directorate of USARC

k. Support agency. DAPE-MP

Issue 486: Tax Credit for Employers of Reserve Component Soldiers on Extended Active Duty

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: 13 Sep 06)

d. Subject area. Force Support

e. Scope. The Army's reliance on the RC (Guard and Reserve) has changed how we utilize the RC with the total Army force. Increased use of the RC has created a financial burden and other conflicts with civilian employers. In addition to supporting contingency operations worldwide, reservists are frequently required to perform additional duty and training to maintain Military Occupational Specialty (MOS) qualification and career development. An employer tax credit has the potential to reduce the number of soldiers leaving the RC due to employer conflict.

f. AFAP recommendation. Provide tax credits to employers of RC soldiers serving on active duty as the result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-up or mobilization.

g. Required action.

(1) Monitor legislative initiatives that address tax credits for employers of RC personnel.

(2) Develop ULB through M&RA with assist from Army Reserve and National Guard.

(3) Coordinate with OSD M&RA on future initiatives.

h. Progress.

(1) Issue change. In Feb 01, the AFAP recommendation was amended to clarify the status of reservists to which this issue applies.

(2) Validation. While legislation for a tax credit to employers of RC soldiers serving on active duty as the result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-up or mobilization could be seen as a retention enabler and reduce the economic impact on employers of RC Soldiers, it is an issue that has not successfully left the House Ways and Means Committee for over eight years and has never come to a floor vote in the House or the Senate. For successful legislation to be enacted addressing employer tax credits the DOD and the Army must champion this issue at every level. Several associations have promoted the issue of employer tax credits and continue to include this in their legislative agenda.

(3) Legislative initiatives.

(a) During the 107th Congress, legislation to amend the IRS Code to allow the tax credit had ongoing, active support of the Reserve Officers Association, National Guard Association, Military Coalition, and U.S. Chamber of Commerce, but did not pass.

(b) The economic stimulus package was seen as a likely vehicle for the tax credit, but the bill was a victim of partisan disagreement as the session concluded.

(c) Legislation was introduced in the 109th Congress to amend the Internal Revenue Code of 1986 to allow an employer tax credit (no cost to the DOD). These and similar bills have never passed through the House Ways and Means Committee and did not in the 109th Congress. OSD (Reserve Affairs) stated this issue is being addressed on the Hill, and working with the Services to agree will help get this initiative to resolution.

(1) H.R. 443, A bill to amend the Internal Revenue Code of 1986 to provide a tax credit to employers for the value of the service not performed during the period employees are performing service as a member of the Ready Reserve or National Guard.

(2) H.R. 446, a bill to amend the Internal Revenue Code of 1986 to provide to employers a tax credit for compensation paid during the period employees are performing service as a member of the Ready Reserve or National Guard.

(3) S. 240, Small Business Military Reservist Tax Credit Act. A bill that allows small business employers a credit against income tax for employees who participate in military reserve components and are called to active duty, replacement employees and self employed.

(4) H.R. 5765, a bill to amend the Internal Revenue Code of 1986 to allow employers a credit against income tax for employing members of the Ready Reserve or National Guard.

(4) GOSC review.

(a) Mar 02. There are five bills in the House and two in the Senate to provide tax credits to employers of RC soldiers serving on active duty as a result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-Up or mobilization.

(b) Jan 06. Issue will remain an active AFAP issue. This initiative requires a change to the Internal Revenue Service Code and must be supported by OSD and other agencies. The Office of OSD (Reserve Affairs) noted that they are working this issue on the Hill now, and they

believe the Treasury Department is going to assist with this initiative.

i. Estimated cost. Cost to the IRS is undetermined.

j. Lead agency. DAAR-CSG

k. Support agency. Reserve Officers Association. Association of the United States Army, The Military Coalition, National Guard Association and the U.S. Chamber of Commerce

Issue 488: TRICARE Prime Remote for Active Duty Family Members Not Residing With Military Sponsors

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Medical

e. Scope. The FY01 National Defense Authorization Act (NDAA), Section 722, authorized TRICARE Prime Remote (TPR) for Active Duty family members (ADFM) who reside with members of the Uniformed Services eligible for TPR within the 50 United States. Military Service members are eligible for TPR if they live and have a duty assignment more than 50 miles (or 1 hour's drive time) from a military medical treatment facility (MTF). ADFMs who do not reside with their TPR eligible sponsors, regardless of the reason for the geographical separation, are currently not eligible for the TPR benefit.

f. AFAP recommendation. Provide TPR access for all ADFMs who reside in TPR zip code areas.

g. Required action.

(1) Ask TRICARE Management Activity (TMA) to seek legislative relief from the "resides with" eligibility requirement.

(2) Submit legislative proposal requesting TPR eligibility for all active duty family members residing in TPR remote zip codes.

(3) Submit legislative proposal requesting a SECDEF TPRADFM eligibility waiver authority for extenuating circumstances.

(4) Monitor the status of legislation to expand TPR eligibility to include all remotely located Active Duty family members.

(5) Monitor the implementation of the proposed legislation for the FY07 legislative program

(6) Submit formal request to TMA to implement the NDAA FY06 waiver of the "resides with" requirement for extenuating circumstances.

(7) Monitor status of TMA's implementation of waiver of the "resides with" requirement.

h. Progress.

(1) Legislative proposals.

(a) FY01 NDAA. TPRADFM was implemented 01 Sep 02 for ADFMs who "reside with" their TPR eligible sponsors. In a 2 Jan 01 memorandum to the Director, TMA, TSG indicated that TMA should seek legislative relief from the requirement that family members must reside with the sponsor to receive the TPRADFM interim "waiver-of-charges" benefit. The TMA Director's 23 Jul 01 response said TMA would implement the program as directed by the current "resides with" language, document the extent of any problems, and reconsider legislative proposals in the next cycle.

(b) In Oct 02, TSG sent TMA a proposal to extend the TPR benefit to all ADFMs who reside in TPR zip code

areas regardless of the sponsor's location. A response to the request was not received.

(c) In Jan 03, TSG submitted a FY04 legislative proposal through Army channels to OSD requesting TPR eligibility for all ADFMs residing in TPR zip code areas. SECARMY approved the proposal and submitted it to OSD; however, OSD did not approve the proposal for submission to the Office of Management and Budget (OMB). In Aug 03, TSG re-submitted the legislative proposal for FY05 through Army channels to OSD. The proposal was again not approved for submission to OMB.

(d) In Feb 04: TSG submitted a request to grant TPRADFM eligibility waiver authority to the Secretary of Defense (SECDEF), allowing a waiver of the "resides with" clause for extenuating circumstances.

(e) TSG approved/forwarded an FY07 legislative proposal to Assistant Secretary of Army (Manpower and Reserve Affairs) for approval/submission through Army channels to OSD, again requesting TPR eligibility for all AD family members residing in TPR zip code areas.

(2) Legislative action.

(a) The FY03 NDAA provided some relief from the TPR "resides with" eligibility requirement. It allows family members already enrolled in TPRADFM to remain in TPRADFM in the same zip code area while their AD sponsor serves an unaccompanied tour subsequent to the TPR assignment. It also gives family members of activated RC members on orders of over 30 days eligibility for TPRADFM if they reside in a TPR zip code area with the activated member/sponsor at the time of activation. A 10 Mar 03 Assistant Secretary of Defense (Health Affairs (ASD(HA))) memorandum implementing the FY03 NDAA provision also permits RC members/families to enroll in TRICARE Prime when the member is on orders for over 30 days (previous policy was 179 days or more).

(b) A provision in House Report (H.R.) 4200, FY05 NDAA, Section 713, that would have given the SECDEF authority to waive (under certain circumstances) all restrictions on TPR coverage for family members residing in a remote location regardless of the sponsor's current/past assignment, was not enacted into law.

(c) While eager to expand the benefit to provide coverage for ADFMs living in remote areas due to government orders, Congress has been unwilling to expand coverage to families who live in remote areas by choice. This is consistent with a congressional unwillingness to extend the TPR benefit to retirees or AD families who live in remote areas by choice.

(d) ADFMs who are eligible for TRICARE and who live in a Prime Service area may enroll in TRICARE Prime whether or not they reside with their sponsor and even if their sponsor is enrolled in TPR. In addition to the areas surrounding most military installations with military treatment facilities, Prime Service areas include Base Realignment and Closure (BRAC) sites and other locations with large military beneficiary populations.

(e) The FY06 NDAA, Section 714, provides for exceptional eligibility for TRICARE Prime Remote. In accordance with this new law, the SECDEF may provide for coverage of a remotely located dependent or spouse who does not reside with a military Sponsor if the Secretary determines that exceptional circumstances warrant such coverage. This provision may increase the opportunity for those SMs who must support split households

as part of their family care plans to receive the benefit of TPRADFM. OTSG anticipates that OSD will issue a proposed rule to implement the change. Army will continue to monitor the status of implementation/preparation of instructions for this new law.

(f) MEDCOM/OTSG will continue to monitor TMA's movement in implementing the discretionary waiver authority. In support of this effort, Army, TSG will forward a memorandum to the Director, TMA, in support of implementation of the new authority.

(3) GOSC review.

(a) Nov 02. The GOSC reviewed the provisions of the FY03 NDAA as they relate to this issue.

(b) May 05. GOSC did not support closing this issue. The changing Army footprint will impact the medical system.

i. Estimated cost. Approximately 50,000 geographically dispersed military family members are eligible, but not enrolled in TPR. Of these, approximately 14,000 are Army family members. The cost to provide TPRADFM to family members not enrolled in TPRADFM is estimated at \$14.3M. Army's portion of this bill would total \$4.1M annually. TMA cost estimate for the benefit expansion in FY06 is \$29.8M.

j. Lead agency. MCHO-CL-M, OTSG

k. Support agency. TMA

Issue 491: Army Community Service (ACS) Manpower Authorizations/Funding

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Family Support

e. Scope. ACS is currently understaffed due to lack of authorizations. Over the last ten years, ACS has lost 53 percent of its manpower authorizations. Although the military strength has decreased, the percentage of family members has increased. ACS Staff members are asked to perform multiple roles, adversely impacting the availability of services to soldiers and their families, especially in financial readiness, spouse employment, and Exceptional Family Member Program (EFMP).

f. AFAP recommendations.

(1) Provide authorizations and funding for all ACS positions according to the US Army Manpower Analysis Agency Staffing Guidelines.

(2) Fund the Well Being initiatives that support ACS.

g. Required action.

(1) Develop Manpower Authorizations/Funding requirements for the FY 04-09 Program Objective Memorandum (POM).

(2) Brief to Installation Program Evaluation Group (PEG)

(3) Prepare Concept Paper requesting 185 new requirements

(4) Develop manpower authorizations/funding requirement for FY05-09 Program Objective Memorandum (POM).

(5) Staff Total Army Analysis (TAA) responses.

(6) Request Installation Management Agency (IMA) conduct a data call for MOB TDAs to obtain a current list of ACS positions that are on the installation MOB TDAs.

(7) Request the Army Strategic Planning Board (ASPB) fund the 185 authorizations with Supplemental dollars.

(8) IMA Manpower and Force Analysis Branch will prepare FY07 MOB TDAs reflecting 185 ACS positions. IMWR-FP will provide detailed information on unit identification codes, position titles, series and grades. IMA will submit FY07 MOB TDAs to USAFMSA for approval prior to Force Lock in Sep 05.

(9) FMWRC will request USAMAA to re-validate the ACS staffing standard for all components (Active, Reserve and National Guard).

(10) FMWRC will request the G3 to allow the 185 ACS positions to be utilized when the garrison is not at full mobilization.

(11) FMWRC will prepare an Instructional Letter for HQIMA detailing how the ACS MOB TDA positions can be utilized.

h. Progress.

(1) Staffing standard.

(a) The ACS manpower staffing standard was included in the FY 04-09 POM as an emerging requirement and briefed to the Installation Program Evaluation Group (PEG) to be worked in QACS Planning, Programming, Budget, and Execution System (PPBES). II PEG validated the \$12.8M requirement in the FY08-13 Program Objective Memorandum (POM). The shortfall for ACS includes authorizations for Family Advocacy (71), Financial Readiness (84), Relocation Assistance (15), Spouse Employment (33), Mobilization/Deployment (38) and Exceptional Family Member (44).

(b) Subsequent to the validation by the Installation PEG the Senior Resource Group (SRG) remanded the requirement. The SRG recommended the issue be addressed through the Total Army Analysis 2011 (FY05 - 11) process. The new staffing guidance reflects the minimum manpower to achieve the most efficient organization and provides for a total of 1,188 requirements and 1,188 authorizations. The FY04-09 BASOPS TAADS reflects 1,003 requirements and 711 authorizations; leaving a delta of 292 authorizations to be recognized and funded. Upon review of the issue in TAA-11, any resultant manpower authorizations were incorporated into FY05 -09 POM requirements.

(2) Manpower.

(a) A Concept Plan for 185 new ACS manpower requirements was sent to DAMO-FMP for review and approval on 13 Feb 2003. The Concept Plan is FMWRC's detailed proposal requesting new 185 requirements. In accordance with DAMO-FMP guidance, the concept plan was submitted to the G3 for full HQDA staffing and submission for approval by senior leadership.

(b) Request for funding for the manpower requirements currently on the FY04 -09 BASOPS TAADS was included as an emerging requirement in the FY05-09 POM.

(3) FY06 Progress.

(a) 14 Feb 06. HQIMA Manpower Division coordinated with USA Force Management Support Agency during the FY07 TDA documentation cycle to approve and top load on IMA's MOB TDAs the 185 ACS positions.

(b) 14 Feb 06. FMWRC applied the USAMAA staffing standard using the restationing and BRAC numbers to determine the future requirements for ACS. The decrease from 292 to the end state to 285 is directly related to the Global Defense Posture Realignment and BRAC.

(c) Apr 06. ACSIM-RIO confirmed that Supplemental Funds can be used for the 185 ACS MOB TDA positions.

(d) Since the FY05 TAADS, QACS has decreased manpower requirements from 1003 to 886.

(e) 15 Aug 06. FMWRC requested the G3 to revalidate the USAMAA ACS staffing standard for all components (Active, Reserve and National Guard).

(4) Staffing Compromise.

(a) The Concept Plan remained in the staffing process until all elements provided a response. At the conclusion of the staffing process, the Army G8 non-concurred with the ACS Concept Plan. However, a compromise was reached between G8 and the DACSIM, with both agreeing to support the ACS Staffing shortfall (6 Oct 2003).

(b) ACSIM/FMWRC requested increases to ACS staffing through the ASPB to be funded with Supplemental dollars. This would increase ACS staffing immediately and address the 185 new Requirements. The 185 spaces would be available to installations where units are deployed or will soon deploy to Iraq or Afghanistan, fixing the immediate wartime/deployment shortfalls.

(c) FMWRC and IMA worked with DAMO-FM/RQ and USAMAA to develop a Mob TDA to account for all increases in ACS workload during wartime/deployments to include Family Readiness Groups.

(d) For FY07, IMCOM increased funding for the garrison ACS centers by over \$10M; the additional funding put the ACS common levels of support at amber. As an interim solution, GWOT dollars will fund the ACS MOB TDA (185 FTE) in FY07 and FY08. The IMCOM commander stated that the ACS requirement will be included in the POM for FY08-13.

(5) GOSC review.

(a) Nov 02. The GOSC was provided an overview of the ACS manpower requirements.

(b) Nov 06. The GOSC requested the issue remain active. Issues 220 (EFMP) and 380 (Inadequate Support of Family Readiness Groups) are combined with this issue to consolidate ACS staffing requirements.

i. Estimated cost.

(1) Funding for the 292 requirements that are on the FY04-09 BASEOPS TAADS, but not funded will cost the Army \$11.8M. The additional authorizations will be funded incrementally by the Power Projection Platform Installations and Europe and Power Support Platform Installations, and followed by the remaining installations (FY06).

(2) The FY04-09 BASOPS TAADS shows 1,003 requirements for QACS, leaving a remainder of 185 requirements that are needed to meet the USAMAA staffing standard of 1188. The 185 additional requirements will cost the Army \$12.8M and be funded with Supplemental Funds for the positions on the MOB TDA at Power Projection Platform Installations and Europe and Power Support Platform Installations.

j. Lead agency. IMWR-FP

k. Support agency. DAIM-ZR, DAMO-FMP, FMWRC-FM, SFIM-RM-M, SFIM-OPS

Issue 497: Distribution of Montgomery GI Bill Benefits to Dependent(s)

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Family Support

e. Scope. The FY02 National Defense Authorization Act restricts distribution of the Montgomery GI Bill to dependents of soldiers with designated critical skills who agree to reenlist for four additional years. Soldiers who enroll in this program and are not in a designated critical skill are not entitled to distribute their benefits to their dependents. All soldiers should be able to distribute their educational benefits to their dependents, thus increasing the well being of the Total Army Family.

f. AFAP recommendation. Allow the distribution of basic educational benefits to dependents under the GI Bill to include all soldiers with at least ten years of service without additional reenlistment requirements.

g. Required action.

(1) Submit MGIB Transferability as an item to be included in RAND's FY06 Core Study (Strengthening Army Recruiting and Retention).

(2) Submit to ULB 09.

(3) Finalize MGIB Transferability Implementation Plan, COMPLAN and implementation messages.

(4) Implementation of MGIB Transferability Program.

(5) Monitor Program Usage and ULB action.

h. Progress.

(1) The FY06 basic MGIB benefit for a full-time student is \$1,034. SM can transfer up to 18 of 36 months of entitlement equaling \$18,612 to their spouse. This benefit is prorated for part-time enrollment. For SM who elected the Army College Fund as an enlistment option, their expanded benefit (MGIB and ACF) is transferred; (i.e. A Soldier who enlisted for the \$50K ACF / MGIB benefit transfers \$1388 per month for up to 18 months). A SM must choose between a full SRB or a reduced SRB (current SRB reduced by a 0.5 multiplier) plus the ability to transfer their MGIB benefits to their spouse.

(2) Specifics of MGIB Transferability.

(a) Pilots. 2002 NDAA, Public Law 107-107, Sec 654 allows Soldiers in critical skills, as determined by their Service Secretary, the ability to transfer MGIB benefits to Dependents. USC, Title 38, Sec 3020 further authorizes MGIB Transferability. If elected, each Service must develop its own implementation and funding plan.

(b) Current version of MGIB Transferability of Benefits to Dependents law contains restrictive language. Restriction applies to the requirement for Soldiers to possess a critical military skill designated by the Service Secretary. The Army defines critical skill / MOS as any Soldier who qualifies for a Selective Reenlistment Bonus (SRB) under current messages at the time of reenlistment.

(c) The Air Force conducted a pilot program, ending 30 Sep 03, implementing distribution of Montgomery GI Bill to dependent(s). The Air Force had a total eligible population of 320 Soldiers, with 155 expected to take advantage of the program. The actual number was 56 (30 officers and 20 enlisted). The Air Force did not feel the program generated enough interest and did not continue the test for FY05.

(d) The Army will implement a pilot program in FY05 to allow Soldiers in certain critical skills the opportunity to transfer a portion of their Montgomery GI Bill benefits to a family member. Soldiers must have completed at least

six years of service and reenlist for a minimum of four years.

(e) The Army will fund the FY06 and FY07 program through supplemental and the reprogramming of funding. The Army will fund the DoD Education trust fund based upon the per capita costs as determined by the DOD Board of Actuaries.

(3) Legislative attempts.

(a) H.R. 4213 was introduced in Apr 02 which would remove the "critical Skill" requirement and allow Service Secretaries' at their discretion, to offer "Transferability" to all SM. The legislation retains the provision that SM must have six years of service and reenlist for four additional years. This legislation was defeated thus keeping the restriction for "critical skill" in place.

(b) In Sep 05, G-1 submitted a language change in ULB 08 to remove critical skills/MOS requirement and open MGIB Transferability to all skills.

(4) Strategic Communication Plan

(a) This is a pilot program targeted to the retention of active component enlisted Soldiers serving in critical military skills. Based upon the success of this program, the Army is considering expanding this program to all SM as well as offering a similar program to RC SM eligible for MGIB-Selected Reserve (MGIB-SR) benefits.

(b) G-1 will utilize both internal and external sources to communicate key program messages, outline the specifics of this new program and identify sources to obtain additional information. Information will be sent separately to MACOM Commanders as well as to field commanders by ALARACT message. A separate message will sent to Career Counselors through the RETAIN system. Announcements will also be publicized through the Army Knowledge Online (AKO) website, monthly Leave and Earning Statements (LES), as well as available media outlets, as appropriate.

(5) On 30 May 2006, OCPA approved the MGIB Transferability of Benefits COMPLAN.

(6) On 15 Jun 06, CSA approved the Implementation Plan.

(7) In Jul 06, the G-1 submitted a language change in ULB 09 to remove the critical skills / MOS requirement and open MGIB Transferability to all Soldiers including the Reserve Components.

(8) On 21 Jul 06, the Army G-1 implemented the MGIB Transferability of Benefits Pilot Program for Regular Army Soldiers which allows Regular Army enlisted Soldiers serving in critical skills that have completed six years of service and reenlist for a minimum of four years to transfer MGIB benefits to their spouse. Ninety Soldiers have transferred their MGIB benefits to their spouse since Jul 06.

(9) On 21 Jul 06, OCPA releases Green Top article, ARNEWS article, and posted EXSUM to AKO Senior Leader Page. DCS, G-1 released MILPER message to field as well as a separate message to all Army Career Counselors.

(10) In Jul 06, separate articles were released in Army Times, Soldier's Radio, and Armed Forces Network (AFN). Continuing with timelines established with OCPA as part of the approved COMPLAN.

(11) GOSC review.

(a) Nov 02. Members commented that it is difficult for soldiers to save enough to send their children to col-

lege and that many soldiers would be willing to give up their educational benefits if they could pass that on to their children. The VCSA noted the strong endorsement for this initiative and said he wanted it noted that Army supports transfer of MGIB benefits.

(b) Jan 06. The VCSA requested that G-1 develop a good strategic communication package to explain to Soldiers the criteria for transfer of MGIB to dependents. Requested G-1 not raise expectations that the transfer applies to all Soldiers and emphasize the dollar value of the educational benefit versus the reduction of the Selective Reenlistment Bonus (SRB).

(c) Nov 06. The GOSC requested the issue remain active.

i. Estimated cost. \$35M for approximately 12,000 Soldiers to participate.

j. Lead agency. DAPE-MPE

k. Support agency. OSD-P&R

Issue 501: Funding for Exceptional Family Member Program (EFMP) Respite Care

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Medical/Command

e. Scope. Currently there is no authorization to use appropriated funds to pay for or subsidize the cost of EFMP respite care, except for active family advocacy cases which have restricted parameters. EFMP respite care is funded by limited and unpredictable donations. Caring for Exceptional Family Members can be stressful both financially and emotionally.

f. AFAP recommendations.

(1) Authorize the use of OMA funds to either pay or subsidize respite care for EFMP families.

(2) Provide additional OMA funding to pay for EFMP respite care.

g. Required action.

(1) Submit emerging requirement for respite care resources.

(2) Monitor validated requirement through Planning, Programming and Budget System.

(3) Submit respite care requirement for GWOT funding.

(4) Submit requirement for respite care resources through Planning, Programming, Budgeting and Execution System FY09-13.

h. Progress.

(1) Related issue. AFAP Issue #401, "Funded Respite Care for Exceptional Families", entered Army Family Action Plan (AFAP) XIII in 1995 and recommended that the Army obtain authorization to extend the use of OMA funds to either pay or subsidize respite for exceptional families. In 1997, the AFAP General Officer Steering Committee determined Issue #401 unattainable because of the absence of support for OMA funds to pay or subsidize respite care for exceptional families.

(2) Use of appropriated funds. The Office of the FMWRC Command Judge Advocate has no legal objection to the use of appropriated funds for respite care in other than family advocacy cases per DoDD 1342.17, Subject: Family Policy and AR 608-75 (EFMP).

(3) Validation DoDD 1342.17 states that the total commitment demanded by military service requires that DOD personnel and their families be provided a comprehen-

sive family support system, based on, among other things, special needs support. Special Needs Support Program, as defined, includes respite care. Finally, DODD 1342.17 states that it is DOD policy that family support systems be allocated resources to accomplish their missions, as prescribed in DoDD 1342.17. AR 608-75 implements DoDD 1342.17 and specifically provides for respite care to eligible family members outside the Family Advocacy Program.

(4) Funding.

(a) Funding was not allocated for Exceptional Family Respite Care for the FY 06-11 POM. The requirement requested funding for respite care for two percent of the 62,000 active duty EFMP enrollees (1,240 EFMs). Categories that would be covered under this proposal are EFMs having one or more of the following manifestations: (a) little or no self-help skills; (b) severe continuous seizure activity; (c) ambulation with neurological impairment; (d) tube feeding, (e) tracheotomy with frequent suctioning; (f) apnea monitoring during hours of sleep; and (g) inability to control behavior with safety issues.

(b) If funding were provided, the AMEDD will forward certification to the garrison commander for respite care authorization. Each certified EFM will receive a maximum of 16 hours of respite care monthly.

(c) On 17 Aug 05, FMWRC collaborated with the civilian community to update the estimated hourly rate for respite care. As a result, the hourly rate has been increased to \$35. This increase combined with that in EFMP enrollment (62,000 to 65,000) results in a requirement for an additional \$2.9M and a total of \$8.8M annually. Funding would support respite care for two percent (1,300 EFMP) of 65,000 EFM enrollees with most severe diagnosis. Requirement submitted for FY07 GWOT funding as an interim solution to submitting the request to the FY10-14 POM.

(d) On 24 Sep 06, collaborated with National Federation of Licensed Practical Nurses and further substantiated hourly rate of \$35 to use in determining cost for respite care.

(5) In Sep 04, as a result of the AFAP In-Process Review, FMWRC submitted the "Exceptional Family Respite Care" requirement to OACSIM for FY05 GWOT funding. The OACSIM approved the requirement but GWOT funding was not received (FY05 and FY06). In Jun 06, FMWRC submitted requirement for FY07 supplemental funding.

(6) TRICARE. TRICARE Extended Care Health Option (ECHO) implemented an additional source of respite care assistance in Sep 05. The ECHO program is a replacement for the old TRICARE Program for Persons with Disabilities. ECHO includes a respite care benefit based on medical needs. ECHO does not assist families who need limited respite care. In order to qualify for this respite care, the individual must be receiving other ECHO benefits. There are 1,629 participants (FY06) in the TRICARE ECHO program; Service specific data is not available. Reservists who are TRICARE eligible can take advantage of ECHO. Currently, ECHO does not provide respite care benefits overseas.

(7) GOSC review.

(a) Nov 04. At the GOSC, the VCSA said this issue needed further study. He questioned the validity of the

\$10 per hour estimate, noting the legal and insurance issues associated with caring for EFMPs.

(b) Nov 06. The GOSC requested this issue remain open.

i. Estimated cost. The cost is \$8.8M annually to fund EFMP respite care.

j. Lead agency. IMWR-FP-A

k. Support agency. U.S. Army Medical Command.

Issue 506: Reserve Component Retired Pay

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Entitlements

e. Scope. RC retired soldiers do not receive retirement pay until age 60. Active duty retired pay is received immediately upon retirement. Current OPTEMPO greatly increases the demand for RC soldiers. In today's "One Army," offering retired pay options to RC soldiers would reduce this inequity.

f. AFAP recommendation. Authorize retired RC soldiers the option to receive a reduced rate of retired pay at age 50 or wait until age 60 to receive full retired pay.

g. Required action.

(1) Study need and effectiveness of changing Reserve Retirement system.

(2) Consider changing the law and monitor proposed changes.

(3) Review the Final Report of the Defense Advisory Committee on Military Compensation (DACMC) recommendation for Retirement Reform.

(4) Analyze DACMC Recommendations during the Tenth Quadrennial Review of Military Compensation.

h. Progress.

(1) History.

(a) The Reserve retirement system was established in the Army and Air Force Vitalization and Retirement Equalization Act of 1948. The primary purpose of establishing a Reserve retirement system, as stated in the Senate Report 1543 that accompanied H.R.2744, was to provide an inducement to members of the Reserve component to remain active in the Reserves over a longer period of time, thereby providing a better trained and more ready Reserve to meet the national defense structure.

(b) The House subcommittee hearings stated that retirement is intended to partially compensate an individual in his later years for the great sacrifices made during his or her earning capacity and 60 seemed a reasonable age. Further, it was suggested that if the minimum age at which Federal civil service employees become eligible for an immediate annuity is reduced, consideration should be given to also reducing the age at which RC members could start receiving retired pay. However, when eligibility for full civil service employment retirement benefits was lowered to age 55 by Public Law 89-554 in 1966, the eligibility age for Reserve retirement was not considered.

(2) Legislative proposals. Several bills that would amend the age requirement for receipt of retired pay for Reservists have been introduced in the House and Senate.

(a) The first approach would have the reserve retirement system mirror the active duty system by allowing

Reservists to receive retired pay immediately upon retirement after completing 20 qualifying years of service.

(b) The second approach would lower the retirement age from 60 to 55.

(c) The third approach would reduce the retirement age in one-year increments for every two years of additional service beyond 20 years. One variation of this approach would reduce the age no lower than 55, while the second approach would reduce the age requirement no lower than 53.

(3) Reports. The Senate Committee Report, PL 107-151, requires the Secretary of Defense to study Reserve personnel compensation to include retired pay. Review was completed 15 Mar 04. The Department recommendation on Reserve retirement is to complete a study initiated last year on the military retirement systems which will provide a model that will help predict the effects of any changes to the reserve retirement system on force management.

(a) RAND briefed OSD on their preliminary results Feb 05. RAND completed the first draft of the final report of a two-year study of the Reserve Component retirement system and briefed the findings of the draft report at The New Reserves: Strategic in Peace, Operational in War Conference held in Nov 05. The report was cleared for public release in Jun 06. Below is a summary of the results from the RAND Study:

(1) Age 55:

(a) No change in recruiting or prior service affiliations

(b) Small increase in mid-career retention, which is more than offset by decreased post-20 year retention

(c) Net effect, overall decrease in expected years of reserve service

(d) Cost DOD \$7.2 billion over the next 10 years

(e) Additional outlays from the Treasury of \$13.6 billion over the next 10 years

(f) Increase cost to the Defense Health Program by \$3.9 billion over the next 10 years because of the additional eligible retirees and dependents

(2) Sliding Scale Retirement (Age 60 to 53):

(a) No change in recruiting or prior service affiliations

(b) Smaller effect on mid-career retention than the age 55 proposal

(c) Does not affect the number of reservists qualifying for reserve retirement

(d) Slightly reduces the expected years of service of reservists

(e) Cost DOD \$2.9 billion over the next 10 years and additional outlays from the Treasury of \$5.8 billion over the next 10 years

(f) Increase cost to the Defense Health Program by \$1.0 billion over the next 10 years because of the additional eligible retirees and dependents

(3) Overall Findings

(a) Despite numerous commissions, reform remains elusive

(b) Reserve Retirement proposals are not cost effective and don't fully address active/reserve equity issues

(c) Reserve and Active Retirement Reform should be considered together for a total force perspective, not necessarily the same system

(d) Main obstacles to reform include concerns about broken trust, no evidence of improvement to readiness, and disagreements about the role of the retirement system

(e) To address obstacles, reform should recognize both roles of the retirement system and provide hard evidence on how service capability would improve

(b) House Report 107-436 that accompanied the National Defense Authorization Act for 2003 asked GAO to assess the effectiveness and adequacy of reserve compensation. GAO completed its report Aug 04. The report made four recommendations:

(1) To specify desired metrics for measuring the attrition rates of senior officers and enlisted reserve component personnel who are approaching retirement eligibility and, therefore, are most likely to be affected by changes.

(2) To determine if gaps exist between the desired and actual rates of attrition.

(3) To identify changes, if any, to the current reserve component retirement system that would address these gaps, to the extent that they exist.

(4) To evaluate any changes to the reserve component retirement system and their associated long-term costs in the context of the total force.

(c) The DOD response to the GAO report stated that DOD needs more data before it can determine if costly changes to the reserve retirement system are warranted.

(d) DoD does not support legislation, which would lower the age at which Reserve Component members would be eligible to receive retired pay before age 60.

(e) An independent commission on the National Guard and Reserve, established by the FY05 NDAA, will recommend changes in law and policy to ensure that the Guard and Reserves are trained, organized and compensated to meet the national security requirements of the United States. The final report is due in Jan 08.

(f) In Jun 06, the Defense Advisory Committee on Military Compensation (DACMC) appointed by the Secretary of Defense to assist and provide advice on matters pertaining to military compensation, completed its final report. The report recommended reforming the Active Component Non-disability Retirement System, changing the defined benefit pension to begin at age 60. DOD forwarded the DACMC recommendation to the 10th Quadrennial Review of Military Compensation Study (QRMC) for further analysis and implementation as warranted.

(4) GOSC review. The Nov 06 GOSC requested the issue remain active.

i. Estimated cost. Immediate annuity: Cost to retired accrual account of \$1.6 billion in first year and \$18 billion over next 10 years. Age 55 annuity: \$600 million in first year and nearly \$6.6 billion over next 10 years. Earlier annuity no projected cost. There are other cost factors such as outlays from the United States Treasury and also an increase to the Defense Health Program because of the increase in eligible beneficiaries.

j. Lead agency. DAPE-PRC

k. Support agency. OSD

Issue 507: Running Shoe Allowance

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 7 Aug 06)

d. Subject area. Force Support

e. Scope. The formula currently used by the Army to determine the Clothing Replacement Allowance does not take into consideration the need to replace running shoes. To maintain physical fitness, soldiers are required to participate in physical training, which includes running 3-5 times per week. Worn running shoes increase the potential for injury.

f. AFAP recommendation. Increase Clothing Replacement Allowance to allow for semi-annual replacement of running shoes.

g. Required action.

(1) Seek funding approval to increase CRA.

(2) Contact ASA (I&E) for the number of Soldiers with footwear injuries, loss of duty days and medical expenses.

(3) Start Defense Safety Oversight Committee (DSOC) Military Training Task Force (MTTF) Footwear Project initiative and report the results of the study.

h. Progress.

(1) Validation. It is an established fact that a running shoe should match the foot pattern of the wearer. Additionally, it is well established that the wearer's foot pattern changes and should dictate the shoe style and the frequency of purchase. By providing a cash allowance of \$60 to initial entry training soldiers to offset the cost of running shoes, the Army has recognized the need to support running shoes as a physical fitness clothing item.

(2) Cash allowance for IET Soldiers. On 10 May 01, the Chief of Staff of the Army (CSA) gave verbal approval to implement a running shoe cash allowance starting 1 Oct 01. Because of MPA funding constraints, one Cold Weather Field Jacket was taken out of the clothing bag and a \$60 running shoe cash allowance was added to the clothing bag on 1 Oct 01 for Initial Entry Training soldiers. There was no increase to the Clothing Replacement Allowance because the allowance was approved for IET soldiers only.

(3) Injury based on inappropriate running shoes.

(a) The U.S. Army Center of Health Promotion and Preventive Medicine (USACHPPM) provided a study on lower extremity stress fractures that includes an assessment of the age of footwear in the occurrence of foot injuries. This study addressed only lower extremity stress fractures. The study concludes that:

(1) Although the running shoe was not studied in detail, the age of the shoes and the price paid provided information about the condition of the shoes.

(2) Price did not affect fracture rates, but increasing age of the shoes did. The age of the shoe may indicate the degree to which its shock absorbent material has been compacted. The mechanical support provided by a shoe is also adversely affected by age.

(3) A study of U.S. Marines undergoing 12 weeks of training at Parris Island, SC found:

(a) A 75% increase in stress fractures from use of shoes that are age 1-6 months to shoes that are age 6-12 months

(b) While 1.9% of the recruits whose running shoes were used for 1-6 months experienced lower extremity stress fractures, 2.52% of the recruits whose run-

ning shoes were used for 6-12 months experienced lower extremity stress fractures.

(b) Defense Safety Oversight Committee (DSOC), Medical Training Treatment Facility (MTTF) is funding a Quad-Service study to reduce lower extremity injuries by standardizing and integrating requirements for improved footwear across Services, thru use of anatomically-specific footwear prescriptions, and policy for replacement of worn footwear. The DSOC reprogrammed funds at the close of FY05 to fund the footwear study. Funds were received by US Army Center for Health Promotion and Preventive Medicine 3 Aug 06. This study will take 16 months to complete: Anticipate completion is Dec 07.

(4) GOSC review. At the Jun 04 GOSC, the Director of the Army said for G-4 to assess this issue from the perspective of safety and injury.

i. Estimated cost. Based on the assumption that the wear life of running shoes is 12 months, two pair per year is required at a cost of \$60.00 each pair. The estimated annual cost is \$44M, The POM FY 06-10 cost for this initiative totals \$217.33M.

j. Lead agency. G-4, DALO-SMT

k. Support agency. HQTRADOC

Issue 509: TRICARE Dental Benefit Enhancement

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Dental

e. Scope. Current coverage for TRICARE Retiree Dental Program (TRDP) and TRICARE Dental Program (TDP) beneficiaries result in excessive out-of-pocket expenses. Beneficiary cost share percentages are too high, and annual individual limits are reached too quickly. Despite recent dental plan improvements, soldiers and their families often have to choose between essential dental care and other necessities of life. These choices cause families to neglect needed dental care resulting in deterioration of oral health and decreased quality of life, which will eventually impact retention.

f. AFAP recommendations.

(1) Reduce member cost share to 20% for dental services not already covered at 100% in the TRICARE Dental Program (TDP) and TRICARE Retiree Dental Program (TRDP).

(2) Increase maximum annual benefit for TDP and TRDP to \$1500.

g. Required action.

(1) Consult with TRICARE Management Activity (TMA) and other services on recommendations.

(2) Investigate feasibility of offering a secondary plan option to Soldiers.

(3) Forward recommendations to TMA for consideration at next contract re-compete (TDP: 2005/TRDP: 2007).

(4) Follow up with TMA following TSG brief to GOSC mandated investigating the feasibility of offering a secondary plan option to Service Members.

(5) Keep Issue Active while OTSG (Dental Corps Branch) follows and confirms TRDP contract consideration of Issue's Recommendations.

h. Progress.

(1) Assessment. The dental benefits packages provided under the TDP and TRDP are consistent with nationwide commercial insurance plans offered by other

large corporations to their employees and beneficiaries (e.g. Federal Employee Health Benefit Plan). Reasonable cost share levels for certain higher cost procedures are vital for controlling the overall premium costs to all eligible beneficiaries. If the sponsor's cost share is reduced, and/or the annual maximum benefit is increased, the cost to the insurance company increases. The insurance carrier will respond to this risk with increased premiums for all beneficiaries to cover costs. Retirees would bear the full burden of any increases in premiums as a result of these recommendations since their premiums are not offset by the government. There is no support from the other Services for the significant changes recommended in this issue.

(2) Reduction of member cost share.

(a) To determine precisely the impact on premium rates of offering a reduced dental cost share would require a thorough actuarial analysis, and the TMA is only funded to request full actuarial analyses during a contract re-competition process. However, any reduction in cost shares would be matched by an increase in premiums.

(b) The insurance carrier is responsible for the cost share that the sponsor does not pay. The government does not pay the provider the cost share for dental services.

(3) Increase in maximum annual benefit. In Feb 01, the maximum annual benefit for TDP (active duty) was increased from \$1,000 to \$1,200. According to United Concordia Companies, Inc., less than 3% of enrollees reach their annual maximum each year. The maximum annual benefit under TRDP increased from \$1,000 to \$1,200 under the contract that went into effect in Apr 03. The increased government cost for its share of the premiums to cover the TDP increase was estimated at approximately \$4M annually. An additional increase to the maximum annual benefit would result in even greater government costs (as well as increased premium fees for the sponsor) and would impact less than 3% of TDP beneficiaries.

(4) "Option" plan. TMA does not support an additional, secondary dental plan. The effect of even attempting to offer an optional supplemental coverage would be an introduction of adverse selection risk to both current and proposed programs. The current TDP contract would be affected because the contractor could/would require higher premium adjustments because it will assume the insurance "risk" for a smaller group of premium payers. Per TMA, the small group of individuals who would opt for this plan would have to pay such significantly higher premiums that they would likely not participate. The current TDP and TRDP provide basic diagnostic and preventive services twice a year with 0% co-pays, basic restorative services for only a 20% co-pay, and other more advanced dental services (Crowns, Oral Surgery, Orthodontics) ranging from 50-40% co-pays. The current levels of co-pays are very consistent with other large third party dental plans. In addition, for the enhanced TRDP, retirees who enroll within 120 days of their retirement from active duty may be eligible to skip the 12-month waiting period for additional services such as cast crowns, bridges, partial/full dentures and orthodontics.

(5) TMA review.

(a) TMA indicates changes of the magnitude proposed can only be considered during contract re-

competition of the TDP or TRDP. Army has provided all AFAP recommendations to be addressed at next TDP and TRDP contract re-competitions: TDP in 2006 and TRDP in 2007.

(b) The TDP contract (FY06-11) was awarded to UCCI, the current TDP contractor, in Apr 05. The recommendations of this AFAP issue were considered during the 2005 TDP re-compete, but neither a decrease in members cost share to 20% for dental services not covered at 100% in the TDP nor increase in the maximum annual benefit from \$1,200 to \$1,500 were adopted. However, several enhancements were made to the TDP contract: fluoride varnishes in addition to tray applications; radiography services provided by a laboratory; removal of the "once per 24 months" restriction on comprehensive periodontal exams; frenectomies; an alternate benefit allowance for implants (up to the cost of a 3-unit bridge), and periodontal debridement (removal of plaque and calculus).

(c) Since the recommendations of this AFAP issue were not accepted during the TDP re-compete, it is highly unlikely that the recommendations will be accepted during the 2007 TRDP re-compete.

(6) Other Services. Currently, the other Services do not support the significant changes that would be required by any of these efforts. Since the TDP and TRDP are DOD programs that cover all beneficiaries, all Services must agree to any changes. These recommendations would significantly increase premium rates and require additional funding from the Services.

(7) GOSC review.

(a) Nov 02. GOSC, the Surgeon General said he would explore the feasibility of a secondary dental plan that would allow an option to pay increased premiums for a reduced cost share for certain procedures.

(b) Nov 06. The GOSC requested the issue remain active.

i. Estimated cost. Since the TDP contract re-compete is ongoing, a cost estimate (to the government) for reducing a member's cost share to 20% for all dental services not covered at 100% in the TDP and TRDP cannot be released at this time due to the procurement sensitivity of the information.

j. Lead agency. DASG-HS-DC, OTSG

k. Support agency. TMA

Issue 510: TRICARE Information for Reserve Components

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 31 Aug 06)

d. Subject area. Medical

e. Scope. The TRICARE program is complicated in many different ways, especially for the Reserve Component (RC). Current information does not provide a clear picture of benefits and eligibility. For example, some RC family members believe they are not eligible for TRICARE until the 31st day of the soldier's activation. In fact, they are eligible from day one for TRICARE, if their orders are for more than 30 days. They are not eligible for TRICARE Prime Remote unless they reside with the soldier. The unavailability of concise information and the "resides with" requirement for activated Guard and Reserve soldiers enrolled in TRICARE Prime Remote cre-

ates an undue financial hardship for families due to lack of coverage.

f. AFAP recommendations.

(1) Remove the "resides with" requirement of TRICARE Prime Remote. (Transferred to Issue 488)

(2) Clarify and simplify written RC medical information (such as the DOD Reserve Health Care Benefits pamphlet) and translate these publications into other languages.

(3) Develop multilingual education video tapes that provide TRICARE information for RC.

g. Required action.

(1) Revise TRICARE Prime Remote Handbook to simplify information for Reserve members.

(2) Study feasibility of producing Army marketing products in several languages targeted at Reserve Components.

(3) Develop simplified marketing/educational materials in several languages targeted for RC members/families.

(4) Revise/simplify AMEDD TRICARE CD and translate CD into Spanish.

(5) Translate Reserve Component Marketing Materials into Spanish; assess need for materials in other languages.

(6) Fund, reproduce and disseminate Spanish language CD to RC Units and MTFs.

h. Progress

(1) "Resides with" clause. AFAP Issue #488 addresses the recommendation to remove the "resides with" requirement of TRICARE Prime Remote.

(2) Validation. Currently, limited TRICARE information is available in multiple languages. However, with the next generation of TRICARE contracts, the TRICARE Marketing/Education contractor will develop and provide/disseminate TRICARE information in several languages, including Spanish, German, and Korean.

(3) TRICARE Prime Remote (TPR) handbook revision. A revised TMA TRICARE Prime Remote (TPR) Handbook, released in Apr 04, provides simplified information for RC members. HA Policy 03-004 (10 Mar 03) addressed TPR for Active Duty Family Members ((TPRADFM) for activated RC members.

(4) Clarification and simplification of written RC medical information.

(a) TMA completed translation of "Healthcare Benefits for Reserve Component Members" pamphlet into Spanish in May 02. The pamphlet provides an overview of health coverage for activated members and includes TRICARE, dental coverage, employer-sponsored health insurance options, information resources, and a deployment checklist. The revision also includes information on transitional healthcare benefits. The booklet can be ordered through the TMA SMART website at: <http://www.tricare.osd.mil/smart/>.

(b) The new TMA Marketing and Education contractor (CACI) recently released an easy to understand, comprehensive TRICARE RC Brochure.

(c) In Jul 04, with the implementation of the new TRICARE Early Eligibility Benefit for RC members/families, TMA posted on the TRICARE web site a comprehensive, simplified Fact Sheet on the RC TRICARE benefit.

(d) Under the next generation of TRICARE contracts, the Marketing and Education contractor (CACI, Inc.) will develop TRICARE information materials in multiple languages. CACI, Inc. is translating the following into Spanish for the TRICARE West Region: Beneficiary Handbook, TRICARE Choices Book, Prime Member Handbook, Important letter from TRICARE, Waiver of Non-covered Services Form, Other Health Insurance (OHI) Form and the Allotment Letter. These materials should be ready by end of Oct 04. CACI will also translate the same materials into Spanish for the new TRICARE North and South Regions by the end of Mar 05.

(e) Several other web sites provide TRICARE information for activated US Army Reserve and National Guard members/families. These sites include information on the new RC TRICARE benefits. The sites are linked at web address:

<http://www.tricare.osd.mil/TRHCP.cfm>.

(f) TMA has established a worldwide TRICARE information center also, from which beneficiaries can obtain information and/or assistance. The new 24/7 toll free number is 1-800-TRICARE. Additional internet resources for TMA: QUESTIONS@tma.osd.mil and for the US Army Medical Command:

TRICARE_Help@amedd.army.mil.

(5) Multilingual TRICARE CD/video for RC.

(a) MEDCOM has provided over 250,000 AMEDD TRICARE CDs and the same number of AMEDD Soldier TRICARE information cards for distribution to activated RC members/families through RC command channels, mobilization sites, and in response to email/telephone requests. The TRICARE website (www.tricare.osd.mil/library) now has the TRICARE CD available as a read and downloadable file.

(b) Under the new TRICARE contracts, CACI has the capability to develop TRICARE information materials in seventeen languages, including Spanish, Korean, Italian, etc., based on the demand for these products.

(c) CACI has translated the following materials into Spanish for the TRICARE West Region: Beneficiary Handbook, TRICARE Choices Book, Prime Member Handbook, and an Important Letter from TRICARE, Waiver of Non-covered Services Form, Other Health Insurance (OHI) Form and the Allotment Letter. TRICARE is currently updating and revising marketing and education materials (English versions). Once this is completed, TRICARE will then evaluate what particular products would be most beneficial for translation.

(d) MEDCOM has distributed 250K+ Army TRICARE CDs/info cards thru RC Command channels/mobilization stations. MEDCOM is revising the CD and will produce an English/Spanish version for RC/AC distribution.

(6) Web access. Efforts are ongoing to ensure TRICARE marketing materials are easy to understand. Several web sites provide TRICARE information for activated US Army Reserve members, National Guard members, and their families. These sites include information on the new Reserve Component TRICARE benefits. The sites are linked at <http://www.tricare.osd.mil/reserve>. For beneficiaries with e-mail, there are two e-mail addresses to which beneficiaries can write for assistance with all TRICARE issues. One is a TMA site: QUESTIONS@tma.osd.mil. The

second is an Army MEDCOM site:

TRICARE_Help@amedd.army.mil

(7) TRICARE Benefits for USARC.

(a) TRICARE Coverage for Members of Selected Reserve of the Ready Reserve Who Commit to Continued Service After Release from AD: Authorizes TRICARE Standard coverage for members of the Selected Reserve and their family members who have been activated for more than 30 days since 9/11/01, in support of a contingency operation and commit to continued service in the Selected Reserves of one year or more. For every 90 days of consecutive AD service, the member and their family are eligible for one year of TRICARE Standard coverage while in an active reserve duty status. The Reservist must pay a premium of 28% of the total amount determined by the Secretary as being reasonable for TRICARE coverage with an effective date of within 180 days of enactment. TRICARE Reserve Select is to be fully implemented by 26 Apr 05.

(b) Earlier Eligibility Date for TRICARE Benefits for RC Members: This benefit is permanent and is now fully implemented. Upon receiving orders to AD for a period of more than 30 days, eligible RC members and their families may enroll in TRICARE up to 90 days prior to activation, or upon the date of issuance of a delayed-effective-date AD order, whichever date is later.

(c) Permanent Extension of Transitional Health Care Benefits (TAMP): This permanent program is fully implemented. Upon demobilization, eligible RC members and their families receive TAMP benefits (TRICARE Prime [if in a Prime area], TRICARE Standard or Extra) for 180 days beginning on the date the member is released from AD.

(d) TRICARE Beneficiary Counseling and Assistance Coordinators (BCACs) for Reserve Component Beneficiaries: This benefit is permanent and fully implemented. Each TRICARE Region has one person to serve full-time as a BCAC solely for members of the RC/family members.

(e) SEC 701. Adds an additional 90 days after demobilization for members to sign up for TRS; provides for resumption of TRS at point interrupted by call to AD and increases coverage to make current; allows one year for IRR member to find a SELRES position; and allows family members to continue coverage for 6 months if member dies during TRS coverage period.

(f) SEC 702. This permanent benefit is fully implemented. This section expands the TRS Program adding two new categories of healthcare coverage for RC members that must be renewed annually. The first new category which is TRS Tier II includes members who will pay 50% of current premiums: (1) RC members who receive unemployment compensation; or (2) members who are self-employed or employed, but not eligible for employer-sponsored health benefits. The second new category is TRS Tier III and it includes unemployed RC members who are not eligible for unemployment compensation. TRS Tier III RC members will pay 85% of the current premium.

(g) SEC. 704. Waiver of Certain Deductible under TRICARE Program for Members on Active Duty for a period of more than 30 days: Allows the Secretary of Defense to waive TRICARE deductible for RC family members of sponsors ordered to AD for more than 30 days

(Makes permanent one of the three components of the TRICARE Reserve Family Demonstration Project.) This initiative is fully implemented.

(h) SEC 705. Authority for Payment by United States of Additional Amounts Billed by Health Care Providers to Activated Reserves: Allows the Secretary of Defense to pay excess of the TRICARE maximum allowable charge incurred by RC family members of sponsors ordered to active duty for more than 30 days (Makes permanent one of the three components of the TRICARE Reserve Family Demonstration Project.) This Section is fully implemented.

(i) SEC 706. Physical Examination Requirement: Requires each member of the armed forces scheduled to be separated from AD described in section 1145 (a) (2) (Transitional Health Care) to undergo a physical examination immediately before the separation. This initiative is under review for implementation.

(8) GOSC review.

(a) Nov 04. GOSC received an update on RC TRICARE information and translations. Issue remains active to track additional translations.

(b) Jun 06. GOSC requested the issue remain active.

i. Estimated cost. The MEDCOM Marketing Office estimates the cost to develop a TRICARE CD in English and Spanish at about \$80,000. A cost estimate of \$25,000 was received from several local agencies, to include a new script, programming changes, voice waves, and slide corrections for approximately 23 slides in the English version and 21 slides in the Spanish version. The remaining funds will be used to purchase printing of the CD, labeling, and packaging.

j. Lead agency. MCHO-CL-M, MEDCOM

k. Support agency. TRICARE Management Activity

Issue 512: Unique Relocation Expenses Outside the Continental United States (OCONUS)

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Entitlements

e. Scope. Soldiers assigned OCONUS are immediately confronted with unique expenses. Examples of such expenses include winterizing vehicles in Alaska and purchasing transformers in Europe. While the cost of these items is included in the calculation and payment of Cost of Living Allowance (COLA) over the course of the tour, the soldier's expense is up front and normally in a lump sum. This places significant financial burden on the soldier, especially our junior enlisted soldiers and their families.

f. AFAP recommendations.

(1) Authorize payment of the first six months' COLA entitlement in a lump sum upon arrival at the OCONUS duty station.

(2) Begin monthly COLA payments in the 7th month.

g. Required action.

(1) Unified Legislative & Budgeting (ULB) Initiative.

(2) Receive answer from PDTATC on request for 6 months upfront COLA payment.

h. Progress.

(1) Legislative attempts.

(a) COLA Lump Sum was submitted to the FY02 ULB, but was not supported.

(b) The initiative was again submitted during the FY03 ULB and deferred until the FY04 ULB. DOD supported this initiative, and the legislative proposal was forwarded to Congress with the FY03 OMNIBUS. It was returned by OMB. A reclaim was submitted.

(c) The initiative was resubmitted for the FY04 ULB (FY2005 enactment) and was supported by DOD again.

(d) The FY05 NDAA adds to Title 37, section 405, a provision to provide service members "Immediate lump-sum reimbursement for unusual non-recurring expenses incurred by members for duty serving outside the continental United States." While this is not the specific six months upfront lump sum COLA payment initially requested in AFAP issue 512, it is a separate authorization, in addition to OCONUS COLA, for Service members to receive reimbursement of unique relocation expenses. The Joint Federal Travel Regulation, Appendix J, Part II provides the criteria/rules and locations authorized a COLA unique expense reimbursement. Currently only the United Kingdom, Gibraltar, and Singapore are authorized a COLA unique payment due to the mandatory and excessive television and road tax.

(e) G-1 forwarded in Jun 06 a request to OSD, Per Diem Travel and Transportation Allowance Committee (PDTATC) for a review of OCONUS COLA rules in the Joint Federal Travel Regulation to determine whether this payment of six months upfront COLA is feasible and permitted.

(2) GOSC review. The Jun 06 GOSC determined the issue would remain active.

i. Estimated cost. No additional cost is associated with this initiative since initiative simply wants upfront payment of 6 months authorized COLA entitlements.

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 515: Application Process for Citizenship/Residency for Soldiers and Families

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 24 Aug 06)

d. Subject area. Family Support

e. Scope. Soldiers and family members encounter problems with the citizenship and residency application process. Under most circumstances, the Immigration and Naturalization Service (INS) will not accept Department of Defense (DOD) physical exams and fingerprinting. The family member application process is further complicated by language barriers and inaccessibility to INS services and facilities. Lack of effective assistance to soldiers and their families causes emotional hardship, additional costs, distraction from mission, and possible deportation of family members.

f. AFAP recommendations.

(1) Designate and train a liaison at the installation level to assist family members with the INS process, including review of documentation for accuracy and completeness.

(2) Coordinate with INS for approval of DOD administered fingerprinting and physical examinations.

g. Required action.

(1) Meet with HRC to develop overall plan.

(2) Publicize successful Army installation programs to share their proactive liaison operations.

(3) Provide CIS training at annual ACS Relocation Readiness training conferences, to include program presentation by current successful Army installation programs.

(4) Coordinate with OSD MWR Policy regarding the decentralization issue for physical examinations and fingerprinting from CIS to DOD installations.

(5) Update AR 608-1 to require the addition of CIS liaison function within the ACS Relocation Readiness Program, to include requirement for MOU with local/nearest CIS Service Center.

(6) Coordinate response from G-6 to VCSA tasker from 12 Jun 06 AFAP General Officer Steering Committee (GOSC) meeting to inform CIS of the military services' biometric capabilities related to application for citizenship.

(7) Coordinate with USAHRC and G-6 to obtain a favorable response from CIS for acceptance of Soldier and family member physical examinations and fingerprints from military sources.

h. Progress.

(1) Validation. Immigration and Naturalization Service (INS) presently grant exceptions for service members and their families. Most of these exceptions waive or relax the strict residence and physical presence requirements normally required for Naturalization. The INS has Applicant Support Centers (ASCs) in each state for application processing and fingerprinting. Applications receive a letter through the mail notifying them of their appointment and location for their processing and fingerprinting. Travel to these locations is sometimes hundreds of miles away from military installations or home of soldiers and families. This could lead to an enormous cost to them. H.R. 1588 addressed long standing committee concerns regarding the need for better military benefits, including Immigration Benefits for Non-citizen Soldiers.

(2) ACS training. ACS Relocation staff members are the primary liaisons to CIS at installations. Multicultural outreach programs, English as a Second Language classes and classes on the citizenship and residency application process are offered by ACS. In 4th Qtr FY06, IMWR-FP will submit for publication an update to AR 608-1 requiring the addition of CIS liaison function within the ACS Relocation Readiness services. Anticipated publication date is 1st Qtr FY07.

(a) Installation Relocation Readiness staff received CIS training at the Employee Relocation Council (ERC) Conference in May 05 and DOD/ERC Conference in May 06.

(b) HRC provided IMWR-FP with a new electronic brochure developed by the U.S. CIS as an outreach to military personnel. IMWR-FP forwarded the brochure to ACS centers worldwide for distribution to non-citizen soldiers and their family members.

(3) Physical exam and electronic fingerprinting.

(a) Coordination with OSD MWR-Policy and Human Resources Command (HRC) regarding decentralization was accomplished.

(b) A physical exam and electronic fingerprinting at a CIS approved site is required to obtain an adjustment of status for permanent residency allowing individuals to re-

ceive a green card. Soldiers and family members assigned to 26 Army installations continue to travel over 100 miles to obtain required CIS services.

(c) HRC CG staffed a memorandum signed by the G-1 and forwarded to the Acting Assistant Secretary of the Army (Manpower and Reserve Affairs). The request for acceptance and/or transfer of fingerprint images for employed family members with Common Access Cards (CAC) was eliminated due to technical reasons. The digital imprint on the CAC involves only one fingerprint versus the CIS requirement for ten fingerprint images. On 5 Apr 06, the Under Secretary of Defense (P&R) sent a letter to the Director of CIS requesting CIS accept physical exams and electronic fingerprints from military installations.

(d) The USCIS Director's response, 9 May 06, states, "Pursuant to Public Law 104-208, U.S. military physicians with not less than four years professional experience are considered civil surgeons for the purpose of the physical exam required by the Immigration and Nationality Act. The Center for Disease Control (CDC) must receive notification of the name and professional information of each physician designated as a civil surgeon." He also states "USCIS can assist development of a procedure to accomplish the notification to CDC." However, he further states that military personnel applying for benefits other than naturalization, military dependents and all other applicants must appear at an application support center for electronic collection of additional biometric data. Since 2004, in addition to the traditional ten fingerprints, USCIS now collects additional biometric data: photographs, a single print and a signature. The letter concludes that USCIS can not accept the additional biometric data collected by the military outside the Application Support Center process at this time. This is a partial success story.

(4) Military personnel offices.

(a) OSD MWR Policy Office indicates military personnel offices have members trained to assist individuals with the citizenship process. ACS will continue to assist family members who come to ACS for assistance, particularly when Soldier spouses are deployed.

(b) G6 was assigned to coordinate the military services biometric capabilities with CIS requirements at the 12 Jun 06 General Officer Steering Committee. G6's Biometrics Task Force (BTF) reported USCIS, DOD and FBI have mutually arranged a process whereby the soldier/applicant applying for citizenship provides a signed privacy act statement to USCIS. Subsequently, the fingerprints collected during the enlistment process are retrieved and submitted for criminal background check through the FBI. This process does not include family members of the Soldier. The Biometric Task Force will continue to engage USCIS to accept military exams and finger prints for family members and expand acceptance of other biometrics for Soldiers.

(5) GOSC review. The Jun 06 GOSC declared the issue active. The VCSA stated the Army is leading OSD efforts on biometrics and that CIS does not realize the service's capability. G-6 was tasked to inform CIS of our capability so they will accept DOD administered fingerprints.

i. Estimated cost. No cost to the Army.

j. Lead agency. IMWR-FP

k. Support agency. USAHRC and OSD (P&R)

Issue 517: Availability of TRICARE-Authorized and Network Providers in Remote Areas

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 31 Aug 06)

d. Subject area. Medical

e. Scope. There is an inadequate number of TRICARE-authorized and network health providers in remote areas. Providers choose not to participate or leave the TRICARE program because reimbursements are lower than usual and customary rates for medical services. As a result, military families incur out-of-pocket expenses or non-availability of services.

f. AFAP recommendation. Increase TRICARE reimbursements to competitive rates as an incentive to recruit and retain medical care providers in remote areas.

g. Required action.

(1) Institute Health Provider Shortage Area (HPSA) 10% bonus payments through managed care support contractors (MCSCs).

(2) Institute new 10% incentive HPSA bonus payments to psychiatrists, and provide an additional 5% to certain primary/ specialty providers.

(3) Monitor HPSA bonus payments and TMA's implementation of TRICARE Maximum Allowable Charge (TMAC) waivers.

(4) Monitor TRICARE provider networks, ref. assessment of contractor performance.

(5) Monitor TMA's implementation of FY04 National Defense Authorization Act (NDAA), Sections 723/724.

(6) Monitor results of Government Accountability Office (GAO's) on-going audit of the "Viability of TRICARE Standard".

h. Progress.

(1) Validation. Since 1992, CHAMPUS payment rates have been congressionally linked to Medicare rate levels. As budget constraints have forced Medicare to decrease its rates, TRICARE has had to follow and decrease rates. This has had an adverse impact on our beneficiaries' access to care, particularly in remote areas where Active Duty (AD) Service Members and their families reside.

(2) TRICARE Maximum Allowable Charge (TMAC) Waivers. The FY00 National Defense Authorization Act (NDAA) and locality-based reimbursement Rules in 32 CFR 199.14, allow TMA to provide higher provider payments to ensure adequate Prime networks or if there are severe access to care issues for certain healthcare services in an area. This permits contractors to negotiate payments over 15% above the TMAC to attract providers into the network. Evaluations have shown the waivers are cost effective and improve both beneficiary continuity of care and quality of life.

(3) Bonus payments to providers in health provider shortage areas (HPSAs). Since Jul 03, TMA provides increased payment rates through bonus payments to physicians who provide TRICARE-approved services in federally designated HPSAs. The quarterly payments include an incentive payment of 10% of the amount actually paid by TRICARE, over and above the HPSA quarterly bonus paid to them by Medicare, and over and above any waiver dollars.

(4) Medicare's 1.5% increase in Medicare physician payments. There is concern, as voiced by the American Medical Association, that the planned FY07 5% Medicare physician payment decrease will cause many physicians to reduce/end services to Medicare (and TRICARE) eligible. Hopefully, Congress and the Medicare program will work to preclude this scenario again this year. As in the last several years, Congress changed the 4.6% scheduled FY06 physician payment decrease to a 1.5% payment increase. This probably resulted in fewer physicians opting out of Medicare (and TRICARE) this year.

(5) Additional bonus payments for FY05. TRICARE will follow a new Medicare policy to allow a 10% incentive payment to psychiatrists providing services in mental health HPSAs and an additional 5% bonus that Medicare will make to primary care/specialty providers who provide services to beneficiaries in the HPSA areas with the lowest 20% of physician to beneficiary ratios. The 5% bonus program will run through 2007.

(6) Provider acceptance under TRICARE/Medicare. As of 01 Sep 04, TRICARE accepts, as TRICARE authorized providers, all health care providers that accept Medicare, to help reduce some of the credentialing burdens on providers who might not otherwise become TRICARE authorized providers.

(7) OTSG/MEDCOM/TRICARE Regional Offices Monitoring of TRICARE Network Adequacy. OTSG and MEDCOM continue to work with the three TROs to oversee the adequacy of TRICARE networks in concert with on-going Army readiness initiatives. OTSG/MEDCOM has network adequacy interests associated with most Army medical treatment facilities (MTFs)/installations; however, this partnership focuses on provider and network adequacy across the three TRICARE contract regions. Specifically, measures of adequacy focus on numbers of TRICARE providers in various areas and on the ability to meet access to care standards as measured against the booking of non-network appointments. Currently, the three TROs have not indicated network inadequacies in any region, as a function of a broad assessment for the region.

(8) The annual TMA Health Care Survey results of non-enrolled military beneficiaries reflect that from 2003-2005, more than 80% had no problem obtaining necessary health care and more than 80% were able to get care quickly.

(9) Legislative requirements.

(a) Section 723 of the FY04 NDAA directed SECDEF to conduct surveys in the CONUS TRICARE market on the numbers of healthcare providers accepting new patients under TRICARE Standard. It also directed that participation of providers be maintained in all areas, by educating providers on Standard, encouraging them to accept Standard users and ensuring that users have the information needed to easily locate providers. A key feature of the legislation is the requirement to recommend adjustments in TRICARE Standard payment rates to ensure provider adequacy for TRICARE Standard users. The General Accounting Office (GAO) will provide a report to congress on sufficiency of existing statutes to cover problems with healthcare provider participation in Standard and policy-based obstacles to achieving adequate numbers of Standard providers in the market areas. GAO will also look at the need for adjustments to

payment rates to help attract appropriate provider participation.

(b) Section 724 directed SECDEF to ensure each eligible household is provided key information on TRICARE benefit coverage, costs, sources of information for locating TRICARE authorized providers who agree to accept new patients in the household's locality, ways to locate authorized providers, etc. TMA must:

(1) Establish methods to help each person asking for help in finding a TRICARE authorized provider;

(2) Have a plan to cover information, recruitment, materials, and programs to attract healthcare provider participation to ensure healthcare access for all eligible;

(3) Periodically identify the number/locality of persons who intend to rely on TRICARE authorized providers for health care services.

(c) The FY 2006 NDAA provides the following:

(1) Section 716: Directs that each TRICARE Regional Office monitor, exercise oversight and improve the TRICARE Standard option in the TRICARE Region through the following:

(a) Identifying healthcare providers who will participate in TRICARE and provide the Standard option

(b) Communicating with beneficiaries who use the Standard option

(c) Outreach to community healthcare providers to encourage participation in TRICARE

(d) Publication of information that identifies providers in the TRICARE Region who provide the Standard option. The SECDEF is required to report annually to the Congress on this directive.

(2) Section 711: Amends Section 723 to permit additional questions to be added to the TRICARE Standard survey:

(a) Provider awareness of TRICARE

(b) Percentage of provider's current population that uses any form of TRICARE

(c) Provider acceptance of Medicare patients

(d) If accepting Medicare patients now, would provider accept additional such patients. This provision enables TMA to enhance the survey questions without compromise of the Paper Work Reduction Act, a statutory requirement that the Office of Management and Budget oversees.

(10) GOSC review. The May 05 GOSC was informed that TMA is surveying providers to identify reasons for lack of participation in TRICARE. TRICARE accepts as TRICARE providers all that accept Medicare. However, providers limit the percentage of TRICARE/Medicare patients because of the low reimbursement rate.

i. Estimated cost. TMA estimates a cost of \$3.5 million annually for current HPSA bonuses. Estimates for the new HPSA bonus payments for psychiatrists/on-going TMAC waivers are not available.

j. Lead agency. DASG-TRC, OTSG

k. Support agency. TMA

Issue 521: In-State College Tuition

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Family Support

e. Scope. Mobility of the military community, coupled with the State-specific criteria for determining the eligibil-

ity for in-state tuition often prevents military family members from continuing their higher education. The Army is committed to ensuring soldiers and family members are afforded educational opportunity equal to the general citizenry. Denying in-state tuition or the continuation of in-state tuition causes financial hardships, often preventing continuation of education. The Army supports state implementation of favorable in-state policies for tuition rates for soldiers and families. A project was initiated at the Jul 02 Army Education Summit to research present policies, identify Army's objective, and prepare an Action Plan for implementing the policy in each state.

f. AFAP recommendations.

(1) Waive out-of-state tuition for military family members who are residing in that state on military orders for the last and current duty station.

(2) Retain in-state status once established.

g. Required action.

(1) Develop/post web site with current state policy links.

(2) Obtain Army G-1 signature on correspondence first five states; distribute to addressees.

(3) Develop/coordinate/distribute packets for 13 states with favorable policies, followed by remaining states.

(4) Research OCONUS eligibility for in-state tuition.

h. Progress.

(1) Focus. This issue asks the states to support three levels in-state college tuition for Soldiers and family members: in the state of residency, in the state of military assignment, and continuation of in-state tuition if the Soldier is relocated on military orders.

(2) Research.

(a) The initiative began Feb 03, in the five states with the largest Army populations (Georgia, Kentucky, North Carolina, Texas, and Virginia) representing 55 percent of the Army. By Jun 03, Army commanders and senior leaders in all states were contacted and memorandums were presented to the Civilian Aides to the Secretary of the Army (CASA) by Assistant Secretary of the Army for Manpower and Reserve Affairs, informing them, and seeking their support for this initiative.

(b) The Deputy Under Secretary of Defense (Military Community and Family Policy) supported this initiative and sent correspondence to the other Services requesting they assist Army in this effort. Army became the appointed lead for this initiative. Responses from the other Services voiced concerns with the perception of lobbying by military commanders. To date, the Army is the only Service actively working this initiative.

(3) Web site. The Education Division site, <https://www.armyeducation.army.mil/InState/index.HTM>, tracks the progress of this initiative, provides state points of contacts, and answers questions: State-specific, the web site serves as a guide for senior Army leaders, state Adjutants General, and installation commanders when discussing this issue with state leaders.

(4) Outreach and Federal Legislation.

(a) The Under Secretary of Defense sent letters to all state governors asking them to support the in-state tuition initiative.

(b) A representative from Georgia submitted a legislative proposal titled Military In-State Tuition Act of 2003 (H.R. 1991). This bill would require all states to provide in-state tuition rates for service members and their families in the state of assignment and allow the benefit to

continue upon the transfer out of the state by the military sponsor. There are two concerns with this bill: education is a state function and states may resist federal legislation; and states may request compensation to cover the difference between in-state and out-of-state tuition costs. This legislative proposal was not enacted. A similar proposal was introduced into the 109th Congress on 4 Jan 05 but there has been no action on this proposal.

(c) Five states meet none or only one desired criteria. Michigan, South Dakota, and Massachusetts only allow in-state tuition for state residents. Indiana and Vermont have no state policy on in-state tuition. In Indiana, individual institutions determine residency classification.

(d) OCONUS eligibility research for in-state tuition was initiated based on Vice Chief of Staff of the Army request, Nov 03. Sixteen state responses do not support allowing OCONUS students' in-state tuition if they have no tie to the state.

(5) Successes. Presently, 45 states have favorable policies for soldiers and family members, 27 of them meeting all desired outcomes (Alabama, Alaska, Arizona, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Iowa, Kentucky, Louisiana, Maryland, Kansas, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Utah, Washington, West Virginia, Wyoming).

(6) Continuity of in-state tuition, once started, is not always available and is a major concern for military families. Eighteen states allow in-state tuition for legal residents and military families stationed in the state, but have restrictions on continuity of benefits.

(7) State specific progress

(a) Kentucky: May 03, the Commanding General, US Army Recruiting Command sent a letter to the Governor expressing appreciation for Kentucky's already favorable tuition policies which meet all the objectives.

(b) Georgia: May 03, the Georgia Board of Regents approved the in-state tuition waiver to grant continuity of in-state tuition eligibility to family members after the military sponsor is reassigned outside the state.

(c) Virginia: The Virginia General Assembly passed house bill 695 – In-State Tuition for Dependents of Active Duty Military Personnel. The Governor signed this bill in Apr 06, with an effective date of 1 Jul 06. This bill provides that "all dependents of active duty Military personnel assigned to a permanent duty station in Virginia who reside in Virginia shall be deemed to be domiciled in the Commonwealth for the purposes of eligibility for in-state tuition and shall be eligible to receive in-state tuition in Virginia. All dependents of such military personnel receiving in-state tuition shall be afforded the same educational benefits as any other individual receiving in-state tuition so long as they are continuously enrolled in an institution of higher education in Virginia or are transferring between Virginia institutions of higher education." This is a great moral boost for family members of active duty military personnel assigned to a permanent duty station in Virginia. This bill does not grant in-state tuition rates to service members assigned in the state.

(d) North Carolina: May 03, In-state tuition policies/rates were discussed during a statewide meeting of Services' garrison commanders, education officers, and university staff. Jul 04, legislation was signed by the Governor adopting the 3 goals of the in-state tuition initia-

tive. Service members using tuition assistance will now be charged the in-state rate. Continuity of the benefit is also included

(e) Pennsylvania: May 03, the Department of Education committee, Pennsylvania Advisory Council for Veterans/ Military Education (PACVME), met and decided the issue will be raised to the state Higher Education Commission and legislature.

(f) Western Interstate Commission on Higher Education: May 03, endorsed the initiative to its 15-state membership. Each state must work the process individually.

(g) Texas: Jun 03, legislation was approved by the state legislature and signed by the Governor into law granting continuity of the in-state benefit once started.

(h) New York: Jul 03, Fort Drum and West Point have contacted local state representatives and presented the initiative to receptive audiences. Jan 04, State leaders are looking at amending current Department of Education policies because the initiative may require only regulator change, not legislative change, to include continuity of in-state benefit.

(i) South Carolina: Jul 03, The Adjutant General of the Army responded to the state Adjutant General's letter addressing his concerns that the initiative in South Carolina be suspended for now due to the state's fiscal dilemmas.

(j) Maryland: Aug 03, a state representative met with the Fort Detrick Installation Commander, who will propose a bill for the next session to include continuity of the in-state benefit. Jan 04, HB 172, Higher Education-Resident Tuition Charges-US Military Personnel, Spouses and Dependents, was before the legislature. It provides for the continuity of in-state tuition benefits once started. HB 172 was signed by Governor Ehrlich on 11 May 04.

(k) New Jersey: Aug 03, with assistance from the state Higher Education Commission, the Fort Monmouth Education Services Officer and the Staff Judge Advocate uncovered a section of law granting continuity of the in-state benefit. New Jersey meets all objectives.

(l) Alabama: Jul 03, the Fort Rucker Garrison Commander discussed this initiative with the state BRAC Committee Chairman who indicated that he would address the issue with appropriate officials. Oct 03, State Delegate Howard Sanderford provided MG Curran, CG, Fort Rucker a copy of the legislative proposal to codify the continuity of in-state benefits when the military sponsor departs Alabama. It is the practice of the University of Alabama system to grant this extension according to a system representative

(m) Colorado: Jul 03, a plan was developed by the Fort Carson Command to present this issue to appropriate state leaders. Jan 04, HB 04-1006, In-state Tuition for Military Dependents is in legislative session.

(n) Illinois: Jul 04, the Governor signed legislation on 15 Jul adopting the goals of the in-state tuition initiative. Prior to this, the institutions made their own policies on granting the benefit to military personnel and their families. This combined with the state's Truth in Tuition Act ensures continuity of the benefit.

(o) Washington: SB6164 amends In-state eligibility to include continuity. Mar 04, SB 6164, passed the House and Senate unanimously and was signed by the Governor on 26 Mar 04.

(p) Kansas: Jun 04, originally identified as a state meeting all three criteria, it was discovered that continuity is granted only when the military sponsor is transferred overseas from KS. The presidents of the Board of Regents and the CASA have been working with state leaders and there is legislation, House Bill 2506, to include continuity of the benefit in all cases.

(8) GOSC Review.

(a) Nov 03. At the GOSC meeting, the VCSA requested the proponent explore potential for personnel stationed overseas to get in-state tuition benefits in other than state of residence. To date, nine states have been polled with nine negative responses. The consensus among the states contacted is that people with no tie to the state should not be granted this benefit.

(b) Nov 06. The DAS asked OCLL to see if there is more we can do about states that do not meet the goals of this initiative and requested the issue remain active.

i. Estimated cost. Significant time of two Education Division personnel, \$40K from the Education Summit contract (FY02) and \$120K (FY03) for contractor research and administrative assistance was dedicated to develop the initiative and field website. Estimated cost to monitor the initiative (support of two contractors providing administrative and web maintenance tasks) is \$2K per year.

j. Lead agency. AHRC-PDE

k. Support agency. None

Issue 522: Marriage and Family Counseling Services in Remote Areas

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Medical/Command

e. Scope. Military families need assistance in coping with pressure associated with managing complex relationships within a military lifestyle. Licensed marriage and family counselors are not always available to soldiers and family members in remote areas. Marital/family therapy reduces conflict and facilitates medical management of the problems. Counseling services are not available unless there is identified family violence (Family Advocacy option), or medical/mental health diagnosis of a family member. Soldiers and family members are reluctant to seek services due to the stigma associated with marital/family therapy and the possibility of harming a military or civilian career.

f. AFAP recommendation. Provide and fund licensed marriage and family counseling services in remote areas.

g. Required action.

(1) Provide cost estimate for TRICARE coverage of marriage and family services.

(2) Assess feasibility of providing remote M&F services.

(3) Monitor status of Military One Source (MOS)/Army One Source (AOS), Army employee assistance programs, ref. inclusion of M&F services (Total Force, CONUS, remote areas, AK, HI, and US Territories).

(4) Monitor status of impact of DA Deployment Cycle Support, Deployment Related Stress/Post Traumatic Stress Disorder (PTSD) Working Group's actions/recommendations on the Army requirement for M&F therapists.

(5) Continue to evaluate current MOS utilization of these services in remote areas.

(6) Monitor impacts of the Post Traumatic Stress Disorder (PTSD) Work Group on above Recommendation.

h. Progress.

(1) Coverage under TRICARE.

(a) Marriage and family counseling/therapy services (in the absence of a mental health diagnosis) are not a TRICARE benefit. The TRICARE Policy Manual (15 Mar 02) states, "Family therapy can be cost shared when rendered in conjunction with otherwise covered treatment of a beneficiary suffering a diagnosed mental disorder." When a TRICARE beneficiary chooses to receive family therapy (in conjunction with other covered treatment under a diagnosed mental disorder but separate from the Family Advocacy Program), the beneficiary may have a deductible and a cost share according to the category of TRICARE the beneficiary holds.

(b) In 2000, the TMA considered TRICARE coverage for counseling/therapy services for conditions currently excluded from coverage because they are not diagnosable as a mental illness. The added coverage would apply to marital and family counseling and occupational and sexual dysfunction counseling/therapy.

(c) TMA's estimated costs for the expanded benefits ranged from \$5.3M-\$10.6M year for estimates based on review of civilian literature, \$10M-\$20M by basing estimates on the civilian employee assistance program (EAP) experience and \$8M based on the military medical treatment facility (MTF) experience. TMA considered the \$8M cost based on the MTF experience as the more relevant cost estimate for DOD.

(2) EPICON study. The Army Surgeon General (TSG) directed that an Epidemiological Consultation (EPICON) study be conducted in 2002 in the wake of several violence/spouse abuse incidents at Fort Bragg. The EPICON Study report alluded to Army's fragmented approach to the provision of social/related services to support active duty soldiers and their families.

(3) Military One Source (MOS)/Army One Source.

(a) The Army One Source (AOS), initiated in Aug 03, is a component of the CSA directed Deployment Cycle Support (DCS) CONPLAN for Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). The CONPLAN is a multi-agency response to mitigate post deployment difficulties and covers the entire spectrum of the deployment cycle (pre-deployment, deployment, re-deployment, and post deployment-near term and post deployment-long term). Army One Source is part of the overall umbrella program of Military One Source.

(b) AOS provides information for the Total Force to address every day concerns and deployment/re-integration issues. It supplements existing family programs by providing a 24 hour, seven days a week toll-free information and referral telephone line and internet/Web based service available to Active Duty Soldiers, Army National Guard and Army Reserve Soldiers, deployed civilians and their families worldwide. Masters level consultants answer the toll free telephone number. Callers may remain anonymous and the limits of confidentiality are given to each caller. AOS includes a vast array of information and referral services, including M&F counseling. Six 6 counseling sessions per issue are provided at no cost to the Soldier/family member. For face-to-face counseling, AOS provides referrals to professional civilian counselors in CONUS, Alaska, Hawaii,

Puerto Rico and Guam, including remote areas. Face-to-face counseling in OCONUS (Germany) is provided via existing M&FT contract services established under the recently closed AFAP Issue on OCONUS M&F Counseling Services. The AOS contract has available a network of providers that includes licensed clinical social workers, psychologists, and marital and family counselors. An appointment is scheduled within 48 hours after an individual contacts a network provider. Network providers are required to offer services within a 30-mile radius of individuals. In remote areas, the network provider is required to travel to provide in-home counseling to meet this requirement.

(c) Of the \$27M currently spent on MOS, about \$18M was invested in providing counseling services in FY04 through FY05. For FY05, MOS has referred 10,197 individuals (Army) for non-medical counseling. This resulted in 13,753 M&F therapist sessions delivered during FY05 at a cost of \$9M. In contrast, the 12 contracted M&F therapists had a total of 13,899 patient encounter sessions during the same period. Not all individuals who are referred actually initiate MOS non-medical counseling. Actual utilization rates are calculated from invoice data that may lag referral data by several months. However, the most complete data available for CY05 shows that out of 10,197 referrals, 7,894 initiated counseling, for a rate of 77%, for an average of 658 per month who initiated counseling. The Army MOS COTR is working with the contractor to develop a system for tracking provider data on the types of counseling provided. However, based upon review of charts, it was determined that the largest type of referrals (49.2%) were for couple and family issues.

(d) MEDCOM data analysis reveals that MOS services in support of M&FT needs in remote areas was 1,195 couples for a total of 4,182 sessions during FY05. This represents 23% of the 5,175 USA Recruiting Command's (USAREC's) married soldiers. This help seeking percentage is consistent with the need for services that have been identified in a variety of military studies. Based on this finding, all Soldiers who desire and request M&FT services in remote locations have been able to obtain these services through MOS.

(4) Department of Veterans Affairs initiative. A new Department of Veterans Affairs (DVA) readjustment counseling program is now available to military eligible and their families in 54 states/territories at 206 DVA centers. There is a great willingness to provide M&FT services to beneficiaries, but the M&FT skills are frequently not part of the training of the Veteran Centers' counselors and many must be referred to civilian providers. Also, while marriage counseling can legitimately be addressed under eligibility rules, the professional competencies to do M&FT at a specific Veteran Center can be quite variable. The Veteran Centers are also authorized to offer bereavement counseling to family members without limit.

(5) The requirement for M&F therapists is being addressed within the DA Deployment Cycle Support, Deployment Related Stress (DRS)/Post-Traumatic Stress Disorder (PTSD) Working Group. M&F therapists provide Soldiers and their families' resources to better ensure early identification, intervention, management and treatment for behavioral and mental health concerns dur-

ing all phases of deployment. Subgroups to the DRS/PTSD Working Group include:

(a) The DOD and VA Mental Health Post-Deployment Council are tasked to address clinical health delivery, education, and research mental health issues pertaining to post-deployment.

(b) The DOD Deployment Health Working Group (Office of the Assistant Secretary of Defense (Health Affairs)) coordinated/developed a standardized Post-Deployment Health Risk Assessment Form for implementation and use DOD-wide.

(c) The Assistant Secretary of the Army (Manpower and Reserve Affairs) Post-Deployment Health Reassessment Implementation Plan Working Group is developing courses of action for reassessing health screening and methods for capturing Army costs, i.e., personnel, administrative, screening, evaluation, treatment, billeting, etc., for each of the various plans. PDHRA pilot studies have been completed and requests for funding have gone forward. Care Managers have been realigned from Social Work to Behavioral Health and located in Primary Care settings for ease of access. Care Managers are located at each Community Based Health Care Organization (CBHCO) location for early evaluation and referral to providers in the local communities. All Guard and Reserve soldiers referred from an Army MTF to their local communities for continued care process through one of the eight CBHCO locations where they are seen by a privileged Social Worker who can facilitate a referral to an M&FT in the Soldiers' local community.

(d) The Great Plains Regional Medical Command (GPRMC) Working Group is serving as the AMEDD's lead to make the DRS plan operational using Fort Hood as a template.

(e) In post-deployment reassessment data completed in Jul 05 by WRAIR (Land Combat Study of 30,000 Soldiers), researchers saw Soldiers with anger and aggression issues increase from 11% to 22% after deployment. In the WRAIR study, those planning to divorce their spouse rose from 9% pre-OIF to 15% post-OIF.

(f) In a preliminary analysis of post-OIF Soldier and spouse responses, researchers at Kansas State University extrapolated that 380 out of 1,440 Soldiers (26.4%) were in unstable marriages.

(6) GOSC review. The Nov 04 GOSC received an update of how Military One Source will be the primary approach to providing counseling services in remote areas.

i. Estimated cost. The annual costs attributable to direct counseling under MOS are estimated at \$9M. Per TMA estimate (FY05 dollars), the cost for expanded TRICARE coverage would be \$8.48M.

j. Lead agency. MCHO-CL-H

k. Support agency. OTSG, ACSIM, G-3

Issue 524: Military Spouse Unemployment Compensation

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 12 Sep 06)

d. Subject area. Employment

e. Scope. Military spouses are not entitled to receive unemployment compensation in all states when accompanying service members on a permanent change of sta-

tion (PCS) move. Many states consider leaving a job due to military sponsor relocation as a voluntary departure, not involuntary; therefore, spouses do not qualify for unemployment compensation. The loss of income creates a financial hardship on the family until the spouse is re-employed.

f. AFAP recommendation. Enact legislation directing all 50 states, the District of Columbia and the US Territories to establish relocation during PCS moves as an involuntary separation, thereby granting unemployment compensation to all qualified recipients.

g. Required action.

(1) Contact DOD to gain their support for a letter writing campaign to request non-supportive states to consider changing their laws to better assist military spouses and their families.

(2) Send draft letter to DOD for approval.

(3) Send letters to the state governors and Congressional members of those states that deny benefits all together or only allow compensation in some circumstances.

(4) Recent draft letter to DOD and OTJAG office.

(5) OTJAG provided a response back.

(6) Currently working to revise letter.

(7) Letter drafted for the Governors of seven states (CO, MD, MA, OH, UT, VA, and VT) and the Mayor of D.C. who currently do not support this initiative.

(8) Send letter to the Governors and Mayor requesting UC support.

(9) SECDEF sent memorandum to the Secretaries of the Military Departments urging senior military commanders to interact with Regional Quality of Life Liaisons who are working issues within their states.

h. Progress.

(1) Definition. Unemployment Compensation (UC) Program is based upon federal law, but administered by state employees under state law. It is almost totally funded by employer taxes, either federal or state - only 3 states collect taxes from employees. Since each state designs its own UC program within the framework of federal requirements, inconsistencies exist in eligibility determinations based upon the specific benefit structure.

(2) History. On 19 Nov 97, Headquarters, United States Air Force submitted a request to Office of the Secretary of Defense (OSD), Civilian Personnel Management Service (CPMS) to sponsor legislation to ensure accurate and consistent application of unemployment benefits for spouses of DOD military members and civilian employees. On 22 Dec 77, the Director of CPMS issued a memorandum stating that spouses accompanying and returning with their sponsors from an overseas assignment are generally eligible for unemployment benefits. On the other hand, spouses of military members and civilian employees who relocate to follow their spouses within the U.S. are considered to have quit voluntarily because they could remain in the state.

(3) Action with States and District

(a) Some states are already allowing this and four do it under limited circumstances. While it is understood that "each state" has its own laws, this would be a letter writing campaign to ask states that currently deny unemployment compensation to support military families by re-considering their unemployment legislation.

(b) Fourteen states provide military spouses eligibility for UC; 29 states evaluate eligibility on case-by-case basis and/or have a period of ineligibility; and seven states (CO, MD, MA, OH, UT, VA, and VT) and DC deny eligibility to spouses based on relocation.

(c) Letters were drafted for the Governors of seven states and the Mayor of D.C. (CO, MD, MA, OH, UT, VA, and VT). CPMS (DOD) reviewed draft letter and provided recommendations 6 Sep 05.

(d) OTJAG reviewed draft letter and provided recommendations 13 Mar 06. OTJAG recommended obtaining OCLL concurrence. Proposed draft letter sent to OCLL 15 Mar 06 for review.

(e) Continuing to monitor the progress of the respective Civilian Assistants to the Secretary of Army's interaction with the states that do not currently offer UC.

(4) Information on Unemployment Compensation

(a) Information on unemployment compensation and other military spouse initiatives available at <http://www.usa4militaryfamilies.org>. The link has been added to the Army website at <http://cpol.army.mil/library/permis/> (listed under Unemployment).

(b) Information on Unemployment Costs by Components was taken from <http://www.cpmosd.mil/icuc/ucstats.ppt> website. The link has been added to the Army website at <http://cpol.army.mil/library/permis/> (listed under Unemployment).

(c) Coordinating with Civilian Human Resources Agency (CHRA) to provide information and websites on unemployment compensation for military spouses to CPACs and CPOCs. Information will also be published in next Civilian Personnel Bulletin.

(5) GOSC review. The Jun 06 GOSC requested the issue remain active.

i. Estimated cost. There is no payroll deduction from a Federal employee's wages for unemployment insurance protection. Benefits are paid by the various Federal agencies and are based upon individual state laws and the salary ranges of the affected spouses. Average UC amount paid out nationwide per employee was \$400.00 weekly.

j. Lead agency. DAPE-CP-PPD

k. Support agency. DOD

Issue 525: Montgomery GI Bill (MGIB) Expiration Date

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 1 Sep 06)

d. Subject area. Force Support

e. Scope. The MGIB entitlement terminates ten years after Expiration Term of Service (ETS) or retirement. During transition, some veterans incur family and work obligations that hinder full use of their investment. Elimination of the time restriction would allow those veterans to benefit from this entitlement.

f. AFAP recommendation. Eliminate the expiration date for MGIB educational benefits.

g. Required action.

(1) Seek OSD and VA official positions.

(2) Submit FY09 ULB.

h. Progress.

(1) Validation. Title 38, Chapter 30, Section 3031 places a time limitation for eligibility and entitlement to

MGIB education assistance. Entitlement expires at the end of the 10-year period beginning on the date of an individual's last discharge or release from active duty. Changes to Title 38 must go through the Veterans Affairs and legislative process.

(2) Action.

(a) MGB Working Group Conference. At the MGIB Working Group Conference in Feb 03, the Army representative briefed this initiative. The other Service representatives present supported eliminating the MGIB expiration. However, the official VA cost assessment was not available during the conference.

(b) VA cost estimate and staffing. The VA has provided an official cost estimate of between \$2.1B and \$4.7B will be required to cover this additional expense projected out through the first ten years, with the low end of the estimate for non-grandfathered participants and the high end to account for those grandfathered. Feedback received from other Services' Action Officers indicates they will not support due to the projected costs.

(c) Alternatives. Extend the delimiting date to 20 yrs vice current 10 yrs; a buy-in after 10yrs; and reduced benefit after 10 yrs. These options will still be dependent on VA, OSD, and other Services' support.

(3) MGIB as short term readjustment benefit. The VA believes the MGIB program was designed to be an adjustment benefit for the short term, not a lifelong learning benefit. As a readjustment benefit, MGIB provides an instrument to assist veterans in adjusting to civilian life, giving a tool to assist them in improving earnings capabilities and achieving educational goals. Most within the policy community believe ten years is sufficient time to utilize this readjustment benefit. Data indicates most use their benefits within the first four years following separation or retirement.

(4) Legislation

(a) On 6 Jun 05, legislation, S.1162, was introduced to the Committee for Veteran's Affairs, which would repeal the delimiting date requirements for both the MGIB for Active and Selected Reserve members. This proposal must survive the joint conference of the Senate and House to be included in the NDAA FY06.

(b) The proposed legislation (S. 1162) that went before the 109th Congress was not approved; The Army will submit an FY09 ULB action (AUG-SEP 06). This will be the only way to determine whether other Services, OSD, and VA will support this significant change in the intent of this program from a transition benefit to a lifelong learning benefit.

(5) GOSC review. The Jan 06 GOSC requested the issue remain open as Legislation (S. 1162) currently before the 109th Congress would repeal the delimiting MGIB date requirements for both Active and Selected Reserve members.

i. Estimated cost. VA estimates to be within \$2.1 - \$4.7B to fully remove the Expiration Date. To extend the date by 5 years (to 15 years from separation) would cost from \$1-\$2.5B.

j. Lead agency. DAPE-MPA-RR

k. Support agency. TAPC-EICB

Issue 526: OCONUS Shipment of Second Privately Owned Vehicle (POV) for Accompanied Tours

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 26 Jul 06)

d. Subject area. Relocation

e. Scope. The Army does not pay for the shipment of a second POV to OCONUS locations. Increased security requirements, logistical demands of the family, and spousal employment/volunteerism are critical factors faced by military families. A second POV would improve family involvement in force protection measures (private vs. public transportation), reduce financial hardship, and enhance morale.

f. AFAP recommendation. Fund the shipment of a second POV for OCONUS tours.

g. Required action.

(1) Obtain number of accompanied OCONUS personnel from ODCS, G-1.

(2) Solicit Service concurrence through ODCS, G-1.

(3) Resubmit ULB.

(4) Request Services to re-look issue.

(5) Cost impact from other Services for ULB.

h. Progress.

(1) Validation.

(a) The shipment of two POVs OCONUS will be limited to countries that do not limit the POV importation to one POV.

(b) The shipment of one POV to and from OCONUS on PCS orders is established by law and requires Service concurrence for a change to the law.

(c) The Army transports 51% of the POVs OCONUS.

(2) Legislative attempts.

(a) The shipment of a second POV OCONUS for accompanied tours was an unsuccessful FY02 Unified Legislation and Budgeting (ULB) item based on the Overseas Assignment Incentives Study.

(b) An FY05 ULB proposal submitted by the Navy was deferred and the Navy did not submit a FY06 ULB.

(c) The Army will submit this issue as a FY07 ULB proposal.

(d) Army will submit this issue as a FY08 ULB proposal during the legislative cycle in the fall. Status of ULB: Cost impact from other Services.

(e) Three of the four Service's top enlisted leaders, to include the SMA, briefed the House Appropriations Committee's new Military Quality of Life Subcommittee. This subcommittee focuses exclusively on quality of life issues. The top enlisted leaders cited shipment of a second POV, as one of the top quality of life issues.

(f) Fiscal Year 2004 (FY04) and FY05 unified legislative budget (ULB) proposals submitted by Navy were deferred by the other Services. The Navy did not submit the ULB for FY06.

(g) The Naval Supply Systems Command initiated a ULB in Nov 05 for the shipment of two POVs to and from Hawaii. Due to budget constraints the ULB did not go forward.

(h) The Army will submit a ULB for the shipment of two POVs during the ULB process in Sep 06.

i. Estimated cost. Several Services advised that even though they concur with the proposal, it has an extremely high price tag. The cost of this proposal at DOD level will range from \$70M to \$150M based on projected shipment rates.

j. Lead agency. DALO-FPT

k. Support agency. G-1

Issue 527: Army Reserve Component Mobilization Preparation and Support

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 12 Sep 06)

d. Subject area. Medical

e. Scope. Immediately upon being notified of mobilization, reserve soldiers and their families can experience high levels of stress. The impact of leaving your family, employment, and personal lifestyle often creates the need for financial and psychological services. Financial assistance, chaplain support, social work service, family readiness and psychological counseling are needed to prepare for a successful mobilization. The well being of the soldiers and families has a direct impact on their performance.

f. AFAP recommendation. Create a mobilization preparation program for RC soldiers and families to provide assistance in the transition from reserve status to mobilization.

g. Required action.

(1) Determine if there is a need for additional programs other than what is in place or if existing program can be modified.

(2) Additional FRG staff to work in the states with the highest population of mobilized Soldiers.

(3) Request funds for Family Readiness Assistance FRA via FY2006 POM.

(4) Re-look long-range requirements for supporting Soldiers as it relates to AREF.

h. Progress.

(1) Army Reserve Family and Soldier Support.

(a) Social services are provided by local community, county, state, and federal social services agencies. The family can also utilize Army Community Services on installations in the event they are within commuting distance. Family readiness program is in place and functioning with staff representation at each Regional Support Command and Direct Reporting Commands. Each individual Reserve unit is required to have a Family Readiness Group in place and operational in accordance with AR 600-20, FORSCOM Reg 500-3-3, and USARC Reg 608-1. Mobilization briefings are being conducted for each unit mobilized.

(b) Deployment information. In Apr 02, a Soldier and Family Guide for Deployment Preparation was published and distributed USARC-wide providing information on what needed to be briefed and who to invite to briefings. It is broken into sections for the RRC Family Program Director/Coordinator, the Unit Commander, the Family Readiness Liaison, the Family Readiness Group (FRG) Leader, the Soldier, and the Family and lists resources available and recommended handouts and videos.

(c) Survey. A written survey was conducted by the USAR through each Regional Readiness Command (RRC) Family Program Director, Division Family Program Coordinator and IRR/IMA Family Program Specialist to determine if existing programs are meeting the needs or if adjustments or additional programs are required. Survey results indicate that adjustments are needed. Although approximately one-third participate in Family Readiness Groups (FRG), approximately two-thirds attend mobilization briefings. Outreach and information

needs to be provided at higher levels. The plan to accomplish this goal is to augment the program using Rear Detachment Commanders (RDC) and procure additional staff throughout FY05 and FY06.

(d) Rear detachment. The Army Reserve has implemented the appointment of a Rear Detachment Commander (RDC) to those units who are deployed to assist with family issues, concerns and questions. Training has been provided to two groups of RDCs (each training session consisted of approximately 100 attendees). Future training sessions are scheduled for FY04. The RDCs assist in the deployment, sustainment and reunion phases of mobilization. Reporting requirements are in place for tracking purposes.

(e) Reunion. A pilot Post-Deployment Workshop was held in the 3rd Qtr FY03 to assist in the understanding of reunion and homecoming, the processes involved, and benefits and entitlements through the transition phase. Additional workshops in the form of Deployment Cycle Support will be implemented in FY04 based on the initial pilot project. Deployment Cycle Support Training is scheduled at 23 locations Army Reserve wide.

(f) Training. The training priorities for Regional Readiness Command (RRC) level Family Programs for FY04 have shifted to Deployment Cycle Support, Chain of Command training, Operation READY (Resources for Educating About Deployment and You) training and Family Program Academies. USAR will continue to provide training to Family Program Staff, RDCs and volunteers.

(g) Marketing. Marketing of Army Family Team Building (AFTB), Army Family Action Plan (AFAP), and Operation READY materials and websites is being done with the additional contract staff at the RRC levels through education and training. CDs were sent to the homes of every Army Reserve Soldier in Nov 03 with a letter and video message from the Chief, Army Reserve, a Guide to Army Reserve Benefits, and USAR History Timelines. The CD also included a Multimedia Center that included the following: a 6-minute video about Today's Army Reserve; a selection of AR television commercials; wallpaper images; a section "Just for Kids," and a game for teens and above ("America's Army").

(2) Army National Guard Family and Soldier Support.

(a) The Army National Guard has operated 425+ FAC's since the 1st Quarter of FY05. The FACs serves as the primary entry point for all services and assistance that any military family member, regardless of service or component, may need during the deployment process. The primary service provided by the FACs is information, referral, outreach, and follow-up.

(b) In the 2nd QTR FY04, the ANG stood up a Pay Ombudsman Program which provides a toll-free phone number, 1-877-ARNGPAY, and an e-mail address to Soldiers and their family members to quickly resolve pay issues. FACs developed and distributed "The Soldier's Guide to Military Pay" as part of this initiative. In the 3rd Qtr of FY04, a Distance Learning Course on the same subject was developed and offered Nationwide to our Soldiers and their families.

(c) In the 2nd QTR FY04, the Family Program Office surveyed the State Family Program Directors to determine shortages in deployment training materials. A bulk purchase of training and reference material was ordered (\$675K). The Family Program Office conducts training

on a national level for State and Wing Family Program Coordinators twice a year to review and share new initiatives and best practices on delivering service to Soldiers and family members.

(d) Army National Guard has upgrade there website that will allow and facilitate services and will capture data from our programs users. The websites, www.guardfamily.org and www.guardfamilyyouth.org, which provide locations and telephone numbers for State and Wing Family Program Offices and Family Assistance Centers. The site also has web polling capability, links to many DOD and Army sites, and e-mail feedback capability. The National Guard Regulation 600-12 (Family Program) is under revision and should be completed in Nov 04.

(e) In the 4th Qtr FY04, ten new GFTB courses were unveiled at the National Guard Family Program Workshop and Youth Symposium. The topics were Conflict Management and Resolution, Deployment and Reunion, Effective Leadership Skills, Family Finances, Family Readiness Groups, Impact of the Mission on Family Life, Introduction to Guard Family Action Plan, Introduction to the National Guard, Resources Around You and Stress Management and Well Being.

(f) In First Quarter FY05 NGB contracted for FRG Assistants to support all 54 states and territories with funding provided by FMWRC GWOT resources. These FRG Assistants have had a tremendous impact on training, managing and recruiting FRG Leaders and Volunteers. Army National Guard has provided re-prioritized funding through April of FY06 for FRAs. Request for funds was included on the FY 2006 POM.

(g) NGB Family Programs established lines of communication and working relation Memorandum of Understanding (MOU) with the National Headquarters of American Veterans (AMVETS) and will serve as the conduit for the State Joint Force Headquarters that will enhance our capabilities to provide additional quality of life services and support for all members of the National Guard and their families.

(3) Regional Multi-Component Family Network initiative.

(a) Groundwork is in place for a Regional Multi-Component Family Network—for both USAR and ANG families—to provide a ten-step program for personal contact throughout a Soldier's career. Two contacts are planned during the Soldier's Basic and Advance training and two contacts at the first unit of assignment. When notified of deployment, the family is contacted twice during pre-deployment, twice during deployment, once during the reunion phase, and once post-deployment. Feedback will be solicited at regular intervals through surveys. This initiative was done at the direction of the Vice Chief of Staff of the Army and is contingent upon funding.

(b) The Army Reserve is heavily involved in the Multi-Component Family Support Network (MCFSN). DOD has provided limited funding to pilot the MCFSN in four regions: SE, SW, NW, and Pacific. The pilot is scheduled for 1 Jul 05 - 30 Sep 05. The MCFSN is designed to work in concert with other military and civilian agencies to provide comprehensive multi-agency support services for Army Families.

(4) Staffing estimates.

(a) The USAR estimates needing additional 30 staff members to work in the field in areas with the highest population of mobilized Soldiers. A contract should be awarded in Sep 04 hiring 50 Mobilization Deployment Assistants (DSA). USAR's goal is to have 100 percent hired by end of the 1st qtr FY05.

(b) The ANG estimates needing an additional 54 FRG staff to work in the states with the highest population of mobilized Soldiers.

(5) GOSC review.

(a) Nov 03. GOSC directed a change in the title of the issue and asked the Army to look both from the Guard and Reserve perspectives at what we can do for all Army Reserve Component families in a period of extended and prolonged mobilization.

(b) Jan 06. Issue remains active. The ARNG stated that they need to come up with a plan of how they are going to continue to provide services to families. Sustainment levels need to be identified, considering changes brought on by BRAC. The USAR restated the importance of the Mobilization Assistants identified in Issue 543.

i. Estimated cost.

(1) ARNG. Funding of \$4.0 million is required for FY06 for Family Readiness Group Assistance (58). ARNG still require the funding for a one year contract in the following amounts: Salaries = \$3,292,868.80, Other Direct Costs (ODCs) = \$ 307,131.20 and Travel = \$ 400,000.00.

(2) USAR. A GWOT supplement of \$3.3 million is required to maintain only the existing MDA staff. To address all MDA GWOT requirements, a supplemental of \$8.5 million is required. To support this requirement, we submitted and received \$8.5 million UFR in the supplemental (GWOT) side of the funding channel. There is no funding for MDA positions in FY07.

j. Lead agency. ARNG G-1; USAR Family Programs

k. Support agency. IMWR-FP, NGB-ARM

Issue 529: Retirement Service Officer (RSO) Positions at Regional Support Commands

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 1 Sep 06)

d. Subject area. Entitlements

e. Scope. The United States Army Reserve does not have regional Retirement Service Officers to assist individual soldiers and families. Two Army Reserve Personnel Command (AR PERSCOM) representatives provide retirement counseling services as an additional duty. Soldiers may not receive crucial retirement counseling which adversely affects their ability to make timely and accurate decisions regarding their entitlements and benefits.

f. AFAP recommendation. Authorize and fund a Retirement Service Officer at each Regional Support Command.

g. Required action.

(1) Prepare proposal for Human Resources Command 10 RSO positions [positions adjusted to 8 in 14 Apr 04 update].

(2) Determine if position should be permanent civilian or contract employee and grade level of the positions.

(3) Establish funding requirements (Unfunded Resource Requirements) for the initial year and plan for POM in the Out years.

(4) Present decision brief to Commander of HRC regarding 3 courses of action to establish RSO positions.

(5) Research and validate most cost effective way of delivering retirement counseling services.

(6) Coordination meeting among HRC-ALX, HRC-STL, and USARC.

h. Progress.

(1) Validation.

(a) Currently, USAR Soldiers have no established point of contact to find out about and discuss retirement counseling and retirement options. RSO offices on many of the Active Duty installations provide regional retirement support but cater primarily to Active Duty soldiers/retirees. Those offices are not staffed to handle the workload of USAR retirement issues and lack the detailed knowledge of the USAR retirement system and Gray Area retirees.

(b) USAR Soldiers receive counseling through indirect sources when they complete 20 qualifying years of service and when they reach age 60 and draw retired pay. Letters and forms are sent. A wealth of material pertinent to retirement on the web at <https://www.hrc.army.mil/site/reserve/soldierservices/retirement/>, and the chain of command, management officers and retirement processing personnel as well as active duty counselors are available to assist USAR Soldiers with any questions.

(2) Positions.

(a) On 20 Feb 03, AR-PERSCOM (now HRC-STL) requested a copy of the existing RSO position description from the DA Retirement Services Office. Active Duty Installation RSO offices provide regional retirement support for Army Reserve Soldiers, but cater primarily to Active Duty Soldiers/Retirees. These offices are not staffed to handle the workload of USAR retirement issues and lack the detailed knowledge of the USAR retirement system and Gray Area retirees.

(b) Currently, Army Reserve Soldiers receive counseling through indirect sources when they complete 20 qualifying years of service and when they reach age 60 and start drawing retired pay. Letters and forms are sent to home addresses and both Career Advisors and Retired Pay analysts are available to assist in answering any questions or specific inquiries. Additionally, a wealth of information is posted to the HRC-STL website at <https://www.2xcitizen.usar.army.mil/soldierservices/retirement/>

(c) Due to the recent merger of AR-PERSCOM (now HRC-STL) with PERSCOM (now HRC-A) to form the Army Human Resources Command, an on-going Business Process Re-engineering (BPR) is working to determine the best method of delivering services, to include Retirement Services counseling, to all members of the Army. A proposal to the G-1 from this BPR is to look at the possibility of establishing a military equivalent of the Army Benefits Center.

(d) USAR has developed a plan to create a RSO branch at HRC-St. Louis to provide support to RRCs. The plan includes on RSO position supporting each RRC, AR-MEDCOM, and other Army Reserve agencies not aligned under a RRC. There will also be a Program

Manager position created to provide management and oversight for the RSOs. This plan was briefed on 18 Mar 04 to Chief, Army Reserve, who strongly supports this initiative.

(3) A request to add these 8 positions to the FY06 TDA will be submitted to HRC-Alexandria for approval. However, HRC is expecting a 30% decrease in TDA authorizations by FY07.

(4) The Army Human Resources Command is expecting a 30% decrease in TDA authorizations by FY07.

(5) We are currently pursuing the three possible Courses of Action: 1) Hire GS civilians under the initial proposal submitted, 2) outsource this service, or 3) pursue incorporating these services within Army Benefits Center.

(6) GOSC review. The Jan 06 GOSC declared the issue still active since the effort is tied to Accessions Command, Army Reserve and Army Human Resources Command restationing to Fort Knox following the BRAC.

i. Estimated cost. The annual cost for these RSO positions is \$1,541,000. In addition, a start up cost of \$25,000 is required to cover computers, desks, etc. Annual postage costs could be reduced with web-based support.

k. Lead agency. AHRC-PAP

l. Support agency. None

Issue 531: Spouse Professional Weight Allowance

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 26 Jul 06)

d. Subject area. Relocation

e. Scope. Spouses are not authorized their own professional weight allowance. The Army supports spouse employment as evidenced by DA-sponsored employment (i.e. Family Child Care Providers) and volunteer programs (i.e. Army Family Team Building). Counting "professional" items of spouses in the household goods weight allowance causes household goods to be overweight and creates financial hardship.

f. AFAP recommendations.

(1) Authorize 500 pounds of professional weight for all spouses.

(2) Change the Joint Federal Travel Regulation (JFTR) definition of professional items to include those required for employment and volunteering.

g. Required action.

(1) Define "professional items" for spouses.

(2) Solicit concurrence from Services

(3) Request Service to re-look issue.

h. Progress.

(1) Background information. By law, the JFTR authorizes the shipment and/or storage of professional, books, papers, and equipment (PBP&E). PBP&E are articles of HHG in a soldier's profession needed for the performance official duties at the next or a later destination. The weight of PBP&E does not count against the authorized weight allowance. It is in addition to the authorized weight allowance, which equates to an increased weight allowance and additional costs to the Services for the transportation and/or storage of HHG.

(2) Coordination. The other Services nonconcurred with this recommendation. (Agreement by all of the Services is required in order to change the law). The other Ser-

vices cited the increased cost to Military Personnel Accounts that would be incurred if this recommendation were adopted and argued that, by law, the entitlement for the transportation of household goods, which includes PBP&E, is to the member.

(3) Related AFAP Issue finding. AFAP Issue #457 Modification of Weight Allowance Table was not supported by the other Services. The Army sponsored the OSD proposal of an 8 percent increases across all pay grades in FY06 ULB cycle. The proposal was rejected because it was not justified with supporting data.

(4) GOSC review. At the Nov 04 GOSC meeting, the VCSA did not accept the recommendation to close this issue as unattainable. A representative from the National Military Family Association requested this issue remain active because the Military Coalition has included this initiative on their list of 2005 goals as a way to support spouse employment and volunteerism.

i. Estimated cost. \$30M to the Army.

j. Lead agency. DALO-FPT

k. Support agency. None

Issue 532: Standardized Army-wide Pregnancy Program for Soldiers

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Medical

e. Scope. A limited number of installations offer educational and physical fitness training programs for pregnant and postpartum soldiers, and participation is not mandatory. Approximately nine percent of female soldiers are pregnant at any one time. These soldiers are not receiving necessary education and physical training. The unavailability and lack of participation in these programs results in unsatisfactory Army Physical Fitness Test (APFT) scores and weight standards, impacting readiness and the well being of the service member.

f. AFAP recommendation. Develop and implement a standardized, mandatory, Army-wide physical training program that encompasses both the period of pregnancy and postpartum period with command emphasis on: educational information and physical fitness training and an effective return to individual readiness, physical fitness and weight standards.

g. Required action.

(1) Develop and implement a standardized, mandatory, Army-wide pregnancy/postpartum program that addresses readiness and a return to physical fitness and weight standards.

(2) Expand the health education portion of the USACHPPM-developed program to include listing core classes and providing curriculum information and sample presentations necessary to provide adequate knowledge to soldiers on material, financial, and training opportunities.

(3) Endorsement by the Office of the Deputy Chief of Staff for Personnel (G-1) of the PPPT Program for use Army-wide in conjunction with policy amendments regarding program implementation.

(4) Approval by the Office of the Deputy Chief of Staff for Operations (G-3/5/7) of the PPPT Program for use Army-wide in conjunction with policy amendments regarding program implementation.

(5) G-3/5/7 assign, train, and resource specified proponent within TRADOC to implement and sustain an Army-wide PPPT Program.

(6) Tasking of local commanders to assume responsibilities to implement pregnant/postpartum programs IAW AR 350-1.

h. Progress.

(1) Validation.

(a) Pregnancy continues to impact Army readiness and retention levels by its sheer numbers and medical costs. Throughout the year 2004, 15,703 active duty Soldiers delivered babies, which represented 21.6% of the total women in the Army in Sep 04, according to the Medical Surveillance and Monthly Report, Apr 05.

(b) A three-year Army study conducted by the US Army Research Institute of Environmental Medicine and the US Army Medical Research Materiel Command, provided sufficient evidence that, without appropriate intervention, postpartum soldiers returning to unit PT after nine months of pregnancy and six months of postpartum had significant increases in injuries and illness rates as well as reduced fitness levels and increased body fat.

(2) Program development.

(a) A standardized pregnancy/postpartum physical training program was developed and tested by the U.S. Army Center for Health Promotion and Preventive Medicine for use as a mandatory, Army-wide program. USACHPPM-developed certification program content, in the form of videos, certification manuals, a local program implementation guide, and clinical profiling procedural changes received endorsement from OB/GYN Medical and Nurse Corps Consultants to the Office of the Surgeon General (OTSG) and content safety approval from the US Army Physical Fitness School.

(b) USACHPPM continues testing the standardized pregnancy/postpartum physical training program at 5 CONUS locations and 3 sites in Germany. Initial results indicate a statistically significant improvement in APFT measures between convalescent leave and the 6-month APFT. USACHPPM has sent 20 core health education PowerPoint presentations for endorsement from the Medical and Nursing Consultants to the OTSG.

(c) The USACHPPM-developed PPPT Program received written endorsement from the Army Office of the Surgeon General with an updated memorandum of endorsement 2 Mar 06.

(d) Coordination with ACSIM (FMWRC and IMA) and G-3/5/7 was initiated to assess approval of PPPT Program implementation using available local resources.

(e) AR 350-1, Education and Training, published 13 Jan 06, directed pregnancy/postpartum physical training as a responsibility of CG, TRADOC; Rapid Action Revision to AR 40-501, 'Standards of Medical Fitness' is in progress and will state that commanders will send their pregnant and post-partum Soldiers to the Army pregnancy postpartum physical training program; AR 600-9, Army Weight Control Program, and AR 600-63, Army Health Promotion text revisions have been submitted to the G-1 proponent to incorporate the PPPT Program as a component of the US Army Physical Fitness Program with mandatory enrollment upon medical clearance for Soldiers required to attend unit physical training.

(f) The USACHPPM is providing PPPT training to

various local installation PPPT program personnel during FY06 upon request and based on funding availability.

(g) GOSC review. The Nov 06 GOSC requested the issue remain active.

i. Estimated cost.

(a) Cost estimate for local support personnel based on utilizing all military or existing Department of the Army civilian personnel from the Commander Staff, Corps or Division Surgeon staff, military treatment facility (MTF), Installation Management Agency (IMA), and units. If the commander chooses to hire a 0.5 full time equivalent (FTE) civilian fitness instructor/trainer to provide program continuity then labor costs will be required from local resources.

(b) Program sustainment requires incorporation of the PPPT Program as a component of the US Army Physical Fitness Program IAW AR 350-1. Annual cost for a specified proponent staff person to oversee and support the PPPT Program is \$125K. Initial purchases of up to approximately \$5K per local program depend upon availability of local equipment and supplies. Annual total Army cost is \$64K for all 32 CONUS installations (includes minimal annual fund of \$2K for equipment/supplies and personnel training).

(c) The program has an estimated potential annual readiness and medical cost avoidance of \$18.9M from reduced training and productivity dollars lost and reduced cesarean-sections and delivery complications. The cost/benefit is 73.5 with a break-even point occurring in 1 year. Local program cost per enlisted Soldier for recurring years is \$16 or \$47 if annual cost of a proponent staff person is added.

j. Lead agency. DAPE-HR

k. Support agency. MCHB-TS-H

Issue 537: Availability of Authorized TRICARE Providers

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Update: 31 Aug 06)

d. Subject area. Medical

e. Scope. An increasing number of established TRICARE providers have either stopped offering services or are not accepting new patients. Additionally, some TRICARE providers are imposing specialty restriction and lists of authorized TRICARE network providers are outdated. As a result, TRICARE beneficiaries have limited access to high quality routine specialty care.

f. AFAP recommendations.

(1) Increase compensation tools to recruit new providers (i.e. monetary, guaranteed minimum number of patients, productivity compensation and recruiter incentives, etc.)

(2) Require TRICARE to validate its Provider Network List by updating website daily with access, upon request, to a printed version.

(3) Require TRICARE contractors to aggressively recruit providers to render services agreed upon by contract. Disenroll inadequate providers.

g. Required action

(1) TMA/Office of the Surgeon General (OTSG) to monitor contractor performance outcomes/initiatives to assess status/impact of provider compensation initiatives.

(2) TMA/OTSG to monitor Medicare physician fee schedule changes/impacts of changes on TRICARE beneficiaries.

(3) OASD/HA to pursue legislation to require physicians who accept Medicare participating provider rates to also accept TRICARE participating provider rates.

(4) TMA/OTSG to review Military Health System (MHS) beneficiary population-based customer satisfaction surveys and compare against civilian benchmarks.

(5) Monitor results of Government Accountability Office (GAO) Reports to Congress on FY04 NDAA requirements, ref. TRICARE Standard/access to TRICARE authorized providers, etc.

(6) Monitor contractors (3) performance outcomes and initiatives/impact of provider compensation initiatives.

(7) Monitor TMA implementation of TRICARE Standard enhancements, per FY04 National Defense Authorization Act (NDAA), Sections 723/724.

(8) Monitor status of new TRICARE contractor Web site updates/network provider lists.

(9) Monitor new TRICARE contracts to ensure recruiting requirements are met, including use of licensed/credentialed providers, per national TRICARE standards.

h. Progress.

(1) Validation.

(a) The TRICARE Management Activity (TMA) has put several compensation tools in place to ensure an adequate network of qualified providers. These include a TRICARE Maximum Allowable Charge (TMAC) waiver policy whereby higher payment rates are provided in areas where Active Duty members/their families are having problems with access to care due to low reimbursements. Also, TMA is now able to increase payment rates through bonus payments to physicians in medically underserved areas, not limited to remote areas.

(b) Contractors must continually update lists of network providers under the new TRICARE contracts. Also, information contained in all electronic lists must be current within the last 30 calendar days. This will require daily/near daily updates. If beneficiaries experience problems in this regard, they should be instructed to contact their TRICARE Service Center or the appropriate managed care support contractor.

(c) This recommendation is now being implemented. All providers must be licensed/credentialed in accordance with TRICARE and national/State standards. Participating providers receive education and ongoing communications support to ensure they are knowledgeable of the TRICARE services they have contracted to provide and to ensure their satisfaction as TRICARE providers. The government has in place and monitors a TRICARE quality management/quality improvement program. Inadequate providers are not permitted to continue to function as TRICARE network providers. The new TRICARE contracts contain requirements for both network adequacy and incident reports, including corrective action plans.

(2) Compensation tools.

(a) TMA has implemented two initiatives that serve as compensation tools to recruit new providers. One is the TMAC waiver policy indicated above and implemented in areas where justified. The second is the Health Professional Shortage Area (HPSA) bonus policy

that is implemented in areas with shortages of various provider specialties, not only in remote areas.

(b) Also, improvements in the next generation of TRICARE contracts, e.g., electronic filing of claims, will serve as provider incentives, in this instance, for quicker of payment of claims. Also, the new contracts are performance based, thus contractors are aware they will receive incentive bonus payments for successes in various areas, e.g., beneficiary satisfaction. TMA is already enhancing its customer satisfaction surveys to obtain more complete and accurate information, especially as regards network adequacy/beneficiary access to care.

(3) Provider Network.

(a) OTSG will work with TMA to ensure changes to provider networks are reflected on contractor websites, as required for the new TRICARE contracts, which will be phased-in from 01 Jun – 01 Nov 04. We note, also, that provider turnover in a managed care network is a normal occurrence. Nationally, health plans experience an 8-10% turnover rate annually.

(b) TRICARE contractors are already required to aggressively recruit and educate providers to ensure they understand and implement the contracts they have agreed to. Inadequate providers are not permitted to remain as TRICARE providers, whether or not they are network providers.

(c) The TRICARE recruiting/credentialing process ensures that TRICARE engages providers who meet TRICARE authorized provider requirements, which are consistent with national/state credentialing standards. The overall goal of TRICARE is to ensure the availability of appropriately trained, high quality providers and provider networks that can provide healthcare within the access standards specified in 32 Code of Federal Regulations (CFR) 199.17.

(d) OASD (HA) submitted a FY06 legislative proposal that would require physicians/other professional providers who accept Medicare participating provider rates to also accept TRICARE participating provider reimbursements when they see TRICARE patients. This requirement is expected to increase access to care for TRICARE Standard patients, as well as for TRICARE Prime enrollees in geographic areas where network access to certain specialties has not been achievable.

(e) The FY04 NDAA provides legislation in Section 723 when it directed SECDEF to conduct surveys in CONUS TRICARE market areas to determine how many health care providers are accepting new patients under TRICARE Standard in each area. A key feature of the legislation is the requirement to recommend adjustments in Standard payment rates to ensure provider adequacy for Standard users.

(f) Preliminary results from two rounds of surveys indicate that reimbursement is the primary reason providers do not accept TRICARE. Results of the 2005 TRICARE Standard surveys indicate the two most frequent reasons for not accepting new TRICARE patients was no doctor available and reimbursement related issues. Even though there is generally high acceptance of TRICARE patients, some areas of variation do exist. This gives rise to opportunities for education and Standard program enhancements as regards doctor availability and reimbursement issues. TMA initiated the FY06

TRICARE Standard surveys in different geographical areas. The surveys should be completed in early 2007.

(g) The Government Accountability Office (GAO) will provide a report to Congress that will look at the need for adjustments to payment rates to help attract appropriate TRICARE Standard provider participation. GAO will also report on sufficiency of existing statutes to cover problems with healthcare provider participation in Standard and policy-based obstacles to achieving adequate numbers of Standard providers in the market areas. The report for the 2005 GAO review of this initiative was due in Mar 06 and should be forthcoming.

(h) Section 724 requires an enhanced focus on achieving and maintaining participation of healthcare providers in TRICARE Standard in each TRICARE market area. This includes distribution of information to ensure provider recruitment and a plan to periodically identify the number/location of those who plan to rely on TRICARE authorized providers for healthcare services. Per the legislation, SECDEF is to ensure several key information interfaces for TRICARE Standard users and providers to support Standard provider adequacy. OTSG is monitoring implementation of the legislation, TMA's efforts to remedy identified problems, and the results of GAO's reports to Congress on this provision. This legislation ensures that a mechanism is in place for addressing the AFAP Recommendations for this Issue.

(i) The FY 2006 NDAA provides the following:

(1) Section 716: Directs that each TRICARE Regional Office monitor, exercise oversight and improve the TRICARE Standard option in the TRICARE Region through the following: (a) identifying healthcare providers who will participate in TRICARE and provide the Standard option; (b) communicating with beneficiaries who use the Standard option; (c) outreach to community healthcare providers to encourage participation in TRICARE; and (d) publication of information that identifies providers in the TRICARE Region who provide the Standard option. The SECDEF is required to report annually to the Congress on this directive.

(2) Section 711: Amends Section 723 to permit additional questions to be added to the TRICARE Standard survey, i.e., (a) provider awareness of TRICARE; (b) percentage of provider's current population that uses any form of TRICARE; (c) provider acceptance of Medicare patients; and (d) if accepting Medicare patients now, would provider accept additional such patients.

(j) Several compensation tools/initiatives are in place to help ensure adequate networks of qualified providers:

(1) TRICARE Maximum Allowable Charge (TMAC) Waiver authority. The FY00, NDAA, authorized higher locality-based provider reimbursement rates to help ensure adequate TRICARE Prime networks and to counter specialty care access problems in specific areas. TMA implemented the waiver policy in May 2000, which permits the contractor to negotiate payments over 15% above the TMAC to attract network and non-network providers. These waivers have been used in Juneau, AK (some GYN services); at Mountain Home, ID Air Force Base (dermatology, allergy, gastroenterology, neurology, neurosurgery, orthopedic surgery, otolaryngology, rheumatology and thoracic surgery services); in Cheyenne, WY (certain newborn care services); Ft. Leonard Wood and Springfield, MO (endocrinology, dermatology, tho-

racic surgery, neurosurgery, pulmonary diseases, hematology/oncology, infectious diseases, plastic services, rheumatology, gastroenterology, and physical medicine); Portsmouth, VA area (pediatric specialties); with others pending in Florida.

(2) Health Professional Shortage Area (HPSA) Bonuses. TMA has used HPSA bonuses since Jun 03 to help increase numbers of providers of TRICARE-approved services in federally designated HPSAs. The bonus payment is 10% of the amount actually paid by TRICARE, which is over/above the HPSA quarterly bonus paid to them by Medicare, and over/above any waiver dollars. About \$1.14M was paid in HPSA bonuses to TRICARE providers in FY04. TMA advertises the program in provider news bulletins and in other contacts with providers. TRICARE also implements two new Medicare bonuses: (a) 10% incentive payments to psychiatrists providing services in mental health HPSAs, (b) An additional 5% Medicare incentive bonus (2005-2007) to primary care/specialty providers of services to beneficiaries in areas with the lowest 20% of physician to beneficiary ratios.

(3) Acceptance of Medicare Authorized Providers. Since Sep 04, TRICARE accepts as TRICARE authorized all providers that are Medicare- authorized.

(k) TMA/OTSG are monitoring the status of TRICARE contractor- required website and network provider list updates to ensure currency within the last 30 calendar days. Contractor web sites are now updated at least weekly, reference information and provider list changes, to ensure monthly updates are accomplished.

(l) TRICARE contractors must aggressively recruit providers who render services as agreed to in their contracts. Inadequate providers are sanctioned accordingly. The new TRICARE contracts have definitive access standards with corrective action plans for identified network inadequacies. Failure to meet the requirements results in financial penalties for contractors. TMA and the three TRICARE Regional Offices (TROs) now exercise on-going monitoring/oversight of the three TRICARE Contractor recruitment management plans. Also, inadequate providers are now identified, followed and sanctioned under contractors' program integrity responsibilities, with ongoing oversight of TMA and the TROs.

(m) The annual TMA Health Care Survey results of non-enrolled military beneficiaries reflect that from 2003-2005, more than 80% had no problem obtaining necessary care and more than 80% were able to get care quickly.

(n) OTSG continues to monitor the status of the various ongoing initiatives to impact this Issue, especially results of on-going GAO reviews of the TRICARE Standard initiatives, including the Report for the 2005 Standard Surveys, with a Report anticipated soon.

i. Cost estimate. Costs for monitoring are included in already awarded contracts between TMA/ TRICARE contractors. TMA estimates the cost at \$3.5M annually for current Health Professional Shortage Area (HPSA) bonuses. TMA is unable to provide estimates for the upcoming, new HPSA bonuses and TRICARE Maximum Allowable Charge (TMAC) waivers at this time.

j. Lead agency. DASG-TRC, OTSG

k. Support agency. TRICARE Management Activity

Issue 540: Duration of Transitional Compensation for Abused Dependents

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Update: 24 Aug 06)

d. Subject area. Medical/Command

e. Scope. An inequity in the duration of the Transitional Compensation exists between enlisted members and officers. The Transitional Compensation Program has been mandated by law to provide assistance for abused family members when the Soldier is separated as a result of a dependent abuse offense. In FY02, eligible family members of officers typically received benefits for 36 months while enlisted family members received benefits for an average of 20 months. The inequality exists because of the duration of payments is based on remaining obligated active duty service. For enlisted members, the "obligated active duty service" is the time remaining on their term of enlistment. For officers, the "obligated active duty service" is indefinite unless an officer has a date of separation established. The inequity of duration in compensation and benefits creates financial hardship and emotional stress for abuse victims.

f. AFAP recommendation. Authorize 36 months of Transitional Compensation for all eligible beneficiaries.

g. Required action.

(1) Coordinate with FMWRC CJA.

(2) Submit recommendation to OSD M&RA.

(3) Coordinate with other Services to query on their 1st Qtr FY06 position to OSD's decision on the duration of benefits.

(4) Coordinate with FMWRC and CJA to explore the 1st Qtr FY06 possibility of a benefit adjustment -- lowering the time for officers and increasing it for enlisted.

(5) Provide Information Paper in response to GEN Cody's inquiry to learn more about inequity in the duration of Transitional Compensation for abused dependents.

h. Progress.

(1) Validation.

(a) Army Regulation 608-1, Army Community Service Center, establishes the duration of payments on the basis of the member's obligated service in accordance with the DoD Instruction 1342.24 and the authorizing statute located at 10 United States Code § 1059.

(b) Congress established the TC program in 1994 as an entitlement to reduce victims' disincentives to report abuse.

(c) The legislation authorized up to 36 months of payment at the Dependency and Indemnity Compensation rate for families in which the abusive Soldier has been discharged from active duty (AD) administratively or by court martial for a dependent abuse offense.

(d) The duration of payment is based on member's remaining obligated AD service. For enlisted members, the obligated AD service is the remaining time on the term of enlistment; the obligated service for officers is indefinite, unless the officer has a separation date.

(e) All dependents draw a minimum of 12 months of TC entitlement; however, an officer's family could draw up to 36 months of TC while an enlisted family is limited to the time remaining on the Soldier's enlistment.

(f) The FY04 NDAA deleted the language in the statute that required the use of the end of obligated service

to determine the duration of benefits. The statute also required that OSD issue policy pertaining to the duration of payments within 6 months of the law's enactment.

(2) Staffing.

(a) Implementation of AFAP recommendation requires revision of DoD Instruction 1342.24 to implement the FY04 NDAA change deleting the use of remaining obligated service in Title 10 United States Code § 1059. This change will be published in Army Regulation 608-1.

(b) In the 2nd Qtr FY04, after completing a review of all past and existing Transitional Compensation cases, OSD issued a policy in Jun 04, to retain the use of the end of obligated service to determine the duration of benefits. The review indicated that the average length of obligated service was 18 months and that the majority of Transitional Compensation recipients are dependents of enlisted Soldiers. For enlisted dependents, the "obligated active service" is the time remaining on service member's term of enlistment and for officer dependents, the "obligated active duty service" is indefinite, unless the officer has an established date of separation. FY04, the Army's figures show 130 new cases (126 enlisted, 4 officers). Since officer's families receive the full 36 months of benefits, the additional 16 months for enlisted would cost the Army approximately \$2.4M. OSD determined that an increase to 36 months for all dependents would be cost prohibitive.

(c) IMWR-FP Staff conducted a phone conference with the Navy and Marine Corps representative on 18 Jan 06 and was informed of the decision from SecNav's office to support OSD's position and not change duration of benefits. The AF position has not changed.

(d) IMWR-FP has drafted an Information Paper in response to GEN Cody's inquiry to learn more about inequity in the duration of Transitional Compensation for abused dependents. The Information Paper will be forwarded to the VCSA in Aug 06.

(3) GOSC review. The Jun 06 GOSC requested the issue remain active so the VCSA could learn more about the issue.

i. Estimated cost. Based on statistical analysis of disbursements to program beneficiaries in FY04, the Army's figures show 130 new cases (126 enlisted, 4 officers). The average payment was \$1,180 monthly for an average of 20 months. Therefore, the average amount of compensation received during the eligibility period was \$23,600. With an additional 16 months payment, the average benefit would increase to \$42,480, allowing the beneficiary families to receive an additional \$18,880. The cost to the Army for this increased benefit is approximately \$2.4M.

j. Lead agency. IMWR-FP

k. Support agency. IMWR-CJA, IMWR-SP

Issue 543: Family Readiness Group Deployment Assistant

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Family Support

e. Scope. The Army's current deployment posture has overwhelmed the resources of Rear Detachments and Family Readiness Group (FRG) leaders. Operating a FRG properly can be daunting for volunteers and unit

leadership and requires full-time planning and support. Providing assistance to the FRG leader and Rear Detachment in operating the FRG will decrease volunteer stress and ensure the effective interface between family assistance and family support. The significance of a properly operated FRG allows deployed Soldiers to remain mission focused while sustaining their families' well-being.

f. AFAP recommendation. Authorize and fund a unit Family Readiness Group Deployment Assistant.

g. Required action.

- (1) Monitor FRG Deployment Assistants.
- (2) Fund UFR for FRGDAs with GWOT Supplemental Funds.
- (3) Seek authorized funding for FRGDA.
- (4) Issue data call to the MACOMs requesting FRGDA requirements and command position on responsibility for funding/management of FRGDAs.
- (5) Validate the requirements with G3.
- (6) Prepare a decision brief for the DAS.
- (7) Obtain permanent authorization for FRGDA positions on the table of organization and equipment (TOE).

h. Progress.

(1) Issue history. This issue will also include the OCONUS direct submit issue to the Nov 06 GOSC titled Permanent Family Readiness Support Assistants (FRSAs). The Army recognizes that Family Readiness Group Deployment Assistants (called FRSAs in USAREUR) are vital to Army commands. FMWRC agreed with the recommendation and requested the inclusion with this issue.

(2) Validation. In Apr 03, the Secretary of the Army visited Forts Bragg, Stewart and Campbell to speak with FRG leaders and Rear Detachment (RD) Commanders. The consensus of the FRG leaders and RDs was that the Army was asking a great deal from its volunteer FRG leaders and they needed some help with administrative and logistical requirements to maintain contact with the families while the unit was deployed.

(3) Implementation. Each MACOM used either directed over-hires or centralized contracts to provide FRG Deployment/Support Assistants at Corps, Division and Brigade level units. The FRG Support/Deployment Assistants are not replacing the volunteer FRG leaders, but rather providing administrative/logistical assistance to the volunteer leaders which allow them to concentrate their efforts in assisting families. These assistants were hired during 4th Qtr FY04 for fifteen months. Commanders have redirected mission funds to sustain FRGDAs pending receipt of supplemental funds.

(4) Command Strategies.

(a) USAREUR directed 47 temporary over-hire GS positions to provide Family Readiness Support Assistants at battalion, brigade, division, and USAREUR levels.

(b) FORSCOM used a centrally-managed contract to provide 49 paid FRG Support Assistants to corps, division, and brigade levels.

(c) USASOC used 29 temporary over-hire GS positions to provide Family Readiness Coordinators down to the Brigade level.

(d) USARPAC used a centrally managed contract and directed temporary over-hire positions for 10 FRGDAs.

(e) USARC used a centrally managed contract for 70 FRG Assistants supporting families in the RRCs.

(f) ARNG hired 58 FRGDAs to assist the State Family Program Directors at the Joint Force Headquarters.

(5) All commands agreed on the types of duties of the FRG Support/Deployment Assistants.

(6) FMWRC memorandum, dated 28 Oct 05, stated that FRGDAs are mission funded requirements.

(7) During the Jan 06 GOSC, the Vice Chief of Staff, Army directed FMWRC to restaff the issue with Director of the Army Staff (DAS) oversight to determine whether Family Readiness Group Deployment Assistant (FRGDA) positions should be funded and managed by IMA or the commands. The commands were asked to identify their FRGDA requirements/source of funding and their position on whether FRGDAs should be managed and funded by IMA or the commands. On 12 Apr 06, the VCSA approved current FRGDA model of command funded/ managed FRGDAs. Commands have hired contractors or GS over-hires.

(8) A VCSA blue note (23 Aug 06) questioned whether the positions were formalized in the POM. The VCSA is currently considering options to formalize FRGDA funding in the POM.

(9) GOSC review.

(a) Jun 04. GOSC was updated on the hiring of FRG Deployment Assistants at forward deployed MACOMS.

(b) Jan 06. The issue remains active. VCSA restaffed the issue with DAS oversight to determine whether FRGDA positions should be funded and managed by IMA or the commands.

(c) Nov 06. The DAS stated that, based on the VCSA's direction on this issue, all funding streams would be reviewed. The DAS also reiterated the importance of clearly defining the roles of the ACS mobilization/deployment program manager and the FRGDAs. The GOSC agreed to include OCONUS direct submit Issue B: Permanent Family Readiness Support Assistants (FRSAs) in this issue. The issue will remain active.

i. Estimated cost. In Dec 03, the Acting Secretary of the Army directed that \$12.1M be directed to the MACOMS with deploying forces. USAREUR, FORSCOM, USARPAC, USASOC, ARNG and USAR received these funds. An additional \$450K was given to USASOC later in the year. No FY05 supplemental funding received.

j. Lead agency. IMWR-FP

k. Support agency. FORSCOM, USAREUR, USASOC, USARPAC, USARC, ARNG

Issue 544: Family Readiness Group Training

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 15 Aug 06)

d. Subject area. Family Support

e. Scope. Standardized Family Readiness Group training is not included in the curriculum of the Soldiers' education system. Due to this, many Soldiers are unaware of the benefits of an effective Family Readiness Group and its impact on their mission. A standardized training regimen for Soldiers will greatly increase the effectiveness of all Family Readiness Groups.

f. AFAP recommendation. Mandate standardized, developmental Family Readiness Group training throughout

a Soldier's career beginning with Basic Training, and continuing through Non-Commissioned Officers' Education System, Officers' Education System, and other leadership courses.

g. Required action.

(1) Review TRADOC POI and revise as appropriate to include Family Readiness Group and Rear Detachment functions.

(2) Review Explore USAREC DEP/DTP Training Tool sustainment tool to include Family Readiness Group.

(3) Explore Cadet Command Leadership Training to include FRG functions.

(4) Develop and implement a marketing strategy to increase awareness of the FRGs and RDCs.

(5) Explore the feasibility of developing and implementing an Operation READY (OPREADY) module as a standardized TRADOC Training/Leadership Development POI.

(6) Request DCS, G-3 mandate FRG training at all NCOES and OES.

(7) TRADOC incorporates FRG training in all NCOES and OES.

h. Progress.

(1) Coordination with TRADOC.

(a) IMWR-FP Directorate coordinated with TRADOC to review existing TSPs that are currently in the Soldier's Educational System. Current TRADOC TSPs for the Officer Basic Course (OBC), Warrant Officer Basic Course (WOBC) and Advanced Noncommissioned Officers' Course (ANCOC) include 60 minutes of the Army Family Team Building (AFTB) program; the Captain Career Course (CCC) and Warrant Officer Advanced Course (WOAC) include 80 minutes for AFTB. These lesson plans have been revised to include FRG instruction.

(b) IMWR-FP concurrently developed TSPs for Basic Combat Training (BCT), Warrior Leadership Course (WLC), Advanced Individual Training (AIT), Sergeants Major (SGM) Academy, Intermediate Level Education (ILE), Pre-Command Course (PCC), and Army War College (AWC).

(c) In Jan 06, FMWRC sent memorandum to the DCS, G-3, requesting FRG TSPs be included in the total Soldier Education System NCOES, OES and other leadership training. The G-3, DAMO-TR requested TRADOC DCSOPS&T review FMWRC recommendations on how to best incorporate PCC, ILE, AWC, and SGM Academy FRG training into the Soldier School System. The FMWRC recommendations are to incorporate the newly developed BCT FRG TSP, and use a briefing format for the ILE, AWC and SGM Academy school systems. TRADOC approval of the recommendations is due to FMWRC NLT 4th Qtr FY06. The Garrison and Command PCC students currently receive FRG awareness briefing presented by the FMWRC Family Program staff. Approval will result in the completion of AFAP issue #544.

(d) In addition, FMWRC worked with the Leadership, Education and Training Division (LETDD), Combined Arms Center to develop the TRADOC Common Core online training storyboard for the CCC, "Implement the Family Readiness Group". This storyboard is to be completed by 31 Aug 06.

(2) Recruiter training. Currently the US Army Recruiting Command (USAREC) mandates AFTB Level I and II as a Delayed Entry Program (DEP)/ Delayed Training Pro-

gram (DPT) sustainment tool. Recruiters are required to complete AFTB training online via the Net Trainer. In turn, they present the AFTB training to DEP Soldiers and their families during their transition from civilians to members of the Army Team. This ensures that DEP Soldiers and their families are fully trained prior to attending Basic Training.

(3) Cadet Command training. The US Army Cadet Command currently provides AFTB Level I and II to the ROTC Cadets and their families and/or significant others as a Leadership Development tool.

(4) GOSC review. The Jan 06 GOSC declared this issue active while FMWRC revises the AFTB TSPs to address FRGs and to develop FRG TSPs for the other TRADOC levels of education. The VCSA instructed the G-3 and TRADOC to work this in coordination with FMWRC to establish continual, standardized FRG training in NCOES and OES.

i. Estimated cost. The cost to revise the TRADOC will be integrated into Family Program curriculum development.

j. Lead agency. IMWR-FP

k. Support agency. TRADOC, G-1, Well-Being

Issue 545: Federal Retiree Pre-Tax Health Insurance Premiums

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Employment

e. Scope. By law, federal retirees are not allowed to pay their health insurance premium with pre-tax dollars as federal employees are authorized. Federal employees pay their health insurance premiums with pre-tax dollars through a program call Health Benefit Premium Conversion. To not allow Federal civilian and military retirees to pay health insurance premiums on a pre-tax basis inflicts a financial burden on retirees' income.

f. AFAP recommendation. Authorize federal retirees to pay health insurance premiums on a pre-tax basis.

g. Required action. Bill referred to the Committee on Ways and Means and to the Committees on Government Reform and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

h. Progress.

(1) Validation. Section 125 of the Internal Revenue Code allows an employer to provide a portion of an employee's salary in benefits rather than in cash. Instead of being paid to the employee as taxable income, this amount is used to purchase benefits for the employee. The effect is that the employee's taxable income is reduced. Under a health insurance premium conversion arrangement, an employee's taxable income is reduced by the amount of health insurance premiums withheld from pay. The law does not apply to civilian and military retirees.

(2) Legislation.

(a) H.R. 994 was introduced into the 109th Congress on 1 Mar 05 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and allow a deduction for TRICARE supplemental premiums. S.484 was introduced on 1 Mar 05. H.R. 994 and S. 484

did not pass in the 109th Congress. The bills are expected to be reintroduced in the 110th Congress.

(b) GOSC review. The Nov 06 GOSC asked the issue to remain active.

i. Estimated cost. To be determined after a decision is made on whether to fund the program and what financial responsibility the agencies and/or OPM would have.

j. Lead agency. G-1, DAPE-CP-PPE

k. Support agency. Congressional Tax Committee, Congressional Budget Office.

Issue 546: Funding for Army-Wide Arts and Crafts Programs

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 10 Aug 06)

d. Subject area. Consumer Services

e. Scope. Sixteen arts and crafts facilities have closed since FY93 due to loss of funding. At the 65 remaining facilities, 15 arts and crafts programs have been eliminated and numerous others are projected for further reduction. The benefits of these programs are unique to military communities because they provide an installation-based, centralized location for the programs. The elimination of these programs erodes the opportunity to develop skills as an outlet to express and resolve stressful situations and deal with the realities of deployment and frequent PCS moves.

f. AFAP recommendation. Allocate funds specifically to re-establish and sustain Army-wide arts and crafts programs such as, but not limited to, framing, woodworking, ceramics, photography, stained glass, engraving and basket weaving.

g. Required action.

(1) Conduct data call to identify project scope by installation.

(2) Determine exact cost to reopen and sustain facilities.

(3) Present requirement to fund as an Army-wide initiative.

(4) Army approval of funding.

(5) Issue policy memorandum on reopening and restoring funding to arts and crafts facilities.

h. Progress.

(1) Validation. As a DOD Category B, community support activity, arts and crafts facilities are intended to operate with significant appropriated fund support. The AR 215-1, 4-1, b concludes that in no case may category B activities be sustained without substantial APF support. Arts and crafts programs survive only at installations that have dedicated significant appropriated fund dollars to manpower and operating expenses. Demand for arts and crafts programming exists, but funding shortfalls continue to widen the gap between community needs and satisfaction.

(2) Return on Investment. Arts and Crafts provides Soldiers and family members which foster creative thinking, problem-solving, skill development, teamwork and communication; relieve deployment stress; and promote cultural awareness. The arts develop talent and creativity, skills needed for the 21st century work and military environment. One of the 10 ways the American Psychological Association recommends achieving resilience and adapting to war time stress is to "express yourself in a

journal or to create art". MWR recreation programs are an indicator of the military's support for its Soldiers and families. A well balanced recreation program, like a well balanced diet, includes a variety of essential life building elements. Arts and Crafts programs, which provide activities for the whole family (Soldier, spouse and children) are one of the elements in a well balanced recreation program.

(3) Data Collection. IMWR-CR developed a survey to identify project requirements, with survey conducted Jul through Aug 04. Data call fielded Aug/Sep 04. Completed surveys returned to FMWRC in 1st and 2nd Qtr FY05. A financial model is being developed to calculate project cost using survey input.

(4) Cost determination. FMWRC will analyze survey data and provide sensing of magnitude of the closing of Arts & Crafts programs – which installations closed and why. Survey data, closing rationale and BRAC list will be used to validate scope and cost of project. Cost determination to be completed 3rd Qtr FY05. Funding requirement will be submitted as part of the CRD POM submission on 10 Mar 06.

i. Estimated cost. To sustain program a one time cost of \$7M is needed to raise Army Baseline Standards in existing Arts and Crafts programs from Red to Green. An additional \$4.4M for annual operating costs is needed to maintain existing facilities at the green standard. Total cost estimate to re-establish the program at seven sites would be \$ 42.4M.

j. Lead agency. IMWR-CR

k. Support agency. None

Issue 551: Mortgage Relief for Mobilized Reserve Component Service Members

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Entitlements

e. Scope. The Soldiers and Sailors Civil Relief Act does not address the disparity between mortgage payments and the Basic Allowance for Housing provided to the Reserve Component service member. Approximately one-third of mobilized RC service members suffer a significant decrease in compensation when they are mobilized. The loss of income impacts the service member's ability to meet monthly mortgage payment obligations.

f. AFAP recommendation. Amend the Soldiers' and Sailors' Civil Relief Act to allow RC service members to defer the existing mortgage payment on the family's primary residence in excess of the Basic Allowance for Housing for the duration of mobilization and/or deployment.

g. Required action.

(1) Draft legislation.

(2) Forward draft legislation through OCLL to DOD for coordination with the Veterans' Affairs committee.

(3) Locate a legislative sponsor.

(4) Monitor progress of this legislative proposal.

(5) Forward legislative proposal through DOD to the Veterans Affairs Committees.

(6) Monitor progress of this legislative proposal.

h. Progress.

(1) Background. In 2003, Congress completed a total revision of the old SSCRA. The President signed this

legislation on 19 Dec 03, establishing the new Service members Civil Relief Act (SCRA). SCRA section 207 allows mobilized Reserve Component Service members to lower the interest rate on existing mortgages to 6%. If such relief is not sufficient, a court may order anticipatory relief under SCRA section 701. This may include restructuring mortgage payments when the Service member's ability to pay the mortgage has been materially affected by his/her military service.

(2) This would allow RC service members to defer, for the duration of a mobilization, that portion of an existing mortgage payment on the family's primary residence that exceeds the Basic Allowance for Housing. Service members who exercise such an option may experience unanticipated difficulties following demobilization when the deferment ends and the deferred amounts are added to the mortgage principal, resulting in adjusted payments that are likely to be higher than the original mortgage payments.

(3) DoD is currently studying the impact of mobilization on the income of Reservists. The early findings indicate that following mobilization income actually increases for approximately 72% of RC Service members. The study is still determining the impact of the tax advantage of military earning. This tax advantage will further reduce the number of activated RC Service members who see a decrease in income upon mobilization. There is no data available concerning the monthly mortgage payments of reservists, thus it is not possible to determine how many mobilized reservists would have mortgage payments in excess of their BAH.

(4) Legislative initiative.

(a) The Veterans' Affairs committees of Congress are the venue for SCRA legislation. As a result, the legislation recommended in this issue cannot be pursued through the usual Unified Legislation and Budgeting process.

(b) The Veterans' Affairs Committees in 04 indicated that they would only entertain minor technical amendments to the SCRA. They did not want to consider additional protections until they could review the effect of the recent major revision. DOD efforts were focused on identifying areas of the SCRA that needed correcting in order to achieve the results intended by the SCRA.

(c) A draft of the legislative proposal was forwarded to DoD Legal Policy in Aug 05. No action has been taken on the proposal.

(5) GOSC review. The Jun 04 GOSC was informed that a sponsor was needed to advance this legislative proposal since it is outside the purview of DOD.

i. Estimated cost. Implementation of this issue involves negligible cost to the Army.

j. Lead agency. DAJA-LA

k. Support agency. None

Issue 552: Reserve Component Dental Readiness

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Dental

e. Scope. Up to one-third of mobilized Reserve Component (RC) Soldiers are non-deployable due to dental readiness. There is no Army policy to address the factors (i.e. insurance status, individual economic factors,

patient behavior, and lack of compliance) that contribute to dental non-deployability. As a result, this increases required dental treatment at the mobilization site, overburdening already limited dental resources, and adversely affecting readiness.

f. AFAP recommendations.

(1) Develop an Army policy that addresses the factors that contribute to dental non-deployability.

(2) Give RC Commanders adequate resources (i.e. funding, education, and manpower) to ensure compliance for dental deployability of RC Soldiers.

g. Required action.

(1) ARNG.

(a) DoD and DA implementing guidance for NDAA04, sec 701.

(b) Publish implementation guidance for sec 701, NDAA04.

(c) Submit statutory language to align authority for dental care with 6 year sourcing cycle.

(d) Defend in POM

(e) Obtain current year funds for ongoing mobilizations.

(2) RC.

(a) Develop and implement for NDAA04, Sections 701 and 703.

(b) Obtain adequate funding for dental examinations and treatment for all deploying soldiers for the remainder of FY05.

(c) Continue to provide timely, convenient, quality dental care to RC soldiers through the FEDS_HEAL program.

(d) Request adequate funding for dental service to RC soldiers in future budget years.

(e) Submit legislation authorizing funding to provide year-round Dental Class 3 treatment to SELRES Soldiers independent of alert status.

h. Progress.

(1) OSD policy directs that all Soldiers have an annual dental exam and x-rays. Limited funding has been provided for screening (30 percent of requirement for the National Guard). Dental readiness is not improved by an annual dental exam alone because the screening identifies current dental health; only Soldiers on alert status receive treatment. The National Guard estimates that 15 percent and the USAR estimate that 22 percent of Soldiers require dental treatment upon arrival at the mobilization (MOB) site.

(2) There are no demobilization (DEMOB) dental examinations. Returning Soldiers are automatically placed in Class 4 status, skewing dental readiness posture. Under Army Force Generation (ARFORGEN), if efforts are focused on the ready and available pool, it is anticipated that more treatment can be accomplished.

(3) ARNG.

(a) The Army National Guard Dental (ARNG) Classification (DENCLASS) module located within the Medical Operational Data System (MODS) was designed to document the full spectrum of dental readiness requirements. Components of the System include the following:

(1) Automated DA 5570, Health History Questionnaire

(2) Automated SF 603A, Dental Health Record

(3) Automated Soldier / Commander Dental Treatment Notification

- (a) Dental Radiograph Repository
- (b) Library of Dental Readiness Policy
- (c) Statistical Reporting of all Components

of Dental Readiness

(b) ARNG Dentists are able to create and maintain an automated dental history on every Soldier.

(c) Current enhancements being developed are integration of dental data between the ARNG, the Active Component and Veterans' Affairs.

(d) DEMOB study performed at three of the four main RC DEMOB sites to determine degradation of dental readiness of RC Soldiers in theater. Final results of study not released yet, however, preliminary results support the establishment of a year-round dental readiness treatment program be provided to RC Soldiers.

(e) Dental Tiger Team (NGB, RC, and OTSG) formed to develop courses of action for VCSA's review to dentally reset the RC force and improve dental readiness.

(f) Dental readiness in the RCs has improved from approximately 20 percent in Dec 03 to over 45 percent in Jul 06. While this is a dramatic improvement, it is not adequate for an Army at war and improvements need to be accelerated.

(g) DENCLASS now contains over 27,000 records.

(4) RC.

(a) The NDAA FY 04, Section 701, authorized medical or dental screening or care at no cost for Ready Reserve members as a permanent authorization. Section 703 authorized an earlier eligibility date for TRICARE benefits, to include the TRICARE Dental Program, at active duty premium rates for member of the Reserve Components up to 60 days prior to the mobilization date. This provision expires 31 Dec 04. No additional Congressional appropriations were allowed to cover the costs of these provisions. In FY04, the three Army components funded the cost of these provisions.

(b) Funding to ensure Soldiers being mobilized are medically and dentally ready is adequate for the Army Reserve. However, the cost of ensuring and maintaining the dental readiness of the entire force is not resourced. Congressional authorization and appropriation for the SELRES to achieve a year-round 95 % Dental Class 1 or 2 independent of alert status will greatly decrease the training time lost when Soldiers report to the mobilization station with a Dental Class 3 condition.

(c) The Army Reserve utilizes the FEDS_HEAL Program for the medical and dental readiness of the force. Under the FEDS_HEAL Program, Soldiers receive medical and dental services from a nationwide network of health care providers. These services, required to meet dental readiness standards, include dental examinations and treatment. All Soldiers are authorized an annual dental examination. Army Reserve Soldiers in an alert status are eligible for pre-mobilization dental treatment necessary to meet deployment standards. Currently, 24 % of Army Reserve Soldiers report to the mobilization station in a Dental Class 3 status. The Army Forces Generation (ARFORGEN) model will help improve dental readiness for units in the available year, but not for the significant number of Army Reserve Soldiers that are being reassigned into these units to meet mission capabilities without adequate time to address their dental readiness needs.

(d) The numbers of soldiers arriving at the mobilization station needing dental screening or care was significantly reduced due to FEDS_HEAL. Several activities are underway to improve the overall functioning and cost-effectiveness of this program. FEDS_HEAL, if adequately funded, provides the tools necessary in order to significantly improve the dental readiness of all Army Reserve soldiers.

(e) The Army Reserve utilizes the Medical Protection System (MEDPROS), the database used by the entire Army, to track medical and dental readiness. FEDS_HEAL inputs dental examination and dental treatment information into MEDPROS at the completion of service. The Active Component is testing the dental module in ALTA, a database that tracks not only dental readiness but also individual Soldier treatment needs. There is no plan to field ALTA to the Reserve Component in the near future.

(5) VCSA commented at last GOSC that we need to improve dental databases to more effectively monitor dental readiness of RC Soldiers.

(6) A Dental Tiger Team consisting of representatives from the Active Component, Army Reserve, Army National Guard, and the Office of the Army Surgeon General are addressing potential dental treatment courses of action as they relate to ARFORGEN.

(7) GOSC review. The Jun 06 GOSC requested the issue remain open. VCSA wants dental readiness to be the first task of the new OTSG dental officer. Accurate data is critical to making informed judgment calls.

i. Estimated cost.

(1) ARNG. To fully fund RC dental readiness (screening and restoration) would require funding a UFR of \$9.6M per year per cohort.

(2) RC. Funding requirements for medical and dental screening and care in FY06 have been established at \$48.8M, representing 99.79% of critical funding requirements and 81% of validated funding requirements. A recent Independent Government Cost Estimate calculated the gross cost of providing annual exams to the SELRES at \$21.5M and the gross cost of providing care necessary to bring 95% of the SELRES to Dental Class 1 or 2 at \$33.9M. Full funding of the requirements would allow screening and treatment during the pre-mobilization phase and decrease the costs associated with not dentally fit Soldiers reporting to the mobilization stations.

j. Lead agency. NGB-ARS and AFRC-MD

k. Support agency. OTSG, OSD-RA

Issue 553: Survivor Benefit Plan (SBP) and Dependency Indemnity Compensation (DIC) Offset

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 3 Aug 06)

d. Subject area. Entitlements

e. Scope. Spouses or children of active duty Soldiers are provided Survivor Benefit Plan (SBP) annuity (55% of retired pay entitlement) upon a service-connected death. Dependency and Indemnity Compensation (DIC) (current rate of \$948/month) is payable in all service-connected deaths. SBP to the surviving spouse is offset dollar for dollar by receipt of DIC. Survivors of a deceased Soldier deserve full survivor benefits from the military service and the VA.

f. AFAP recommendation. Eliminate the SBP/DIC offset and award full SBP and DIC for service-connected deaths.

g. Required action. Closely monitor H.R. 1726, that would eliminate the DIC/SBP offset.

h. Progress.

(1) A current legislation initiative, H.R. 1726, would eliminate the DIC offset of SBP (i.e., DIC offsets SBP dollar-for-dollar). SBP for military retirees is an elective program that allows a retiring Soldier to elect to receive reduced retired pay during their lifetime (i.e., pay SBP premiums) in order to continue a portion of their retired pay to eligible survivors upon their death. If the surviving spouse of a participating military retiree qualifies to receive DIC also, due to service-connected death, the spouse is refunded the SBP premium amount that represents the SBP annuity amount offset by DIC.

(2) If the proposed legislation is enacted, surviving spouses of military retirees who are already in receipt of SBP, and who have received a refund of SBP premiums, would be required to repay the refund. Since active duty Soldiers do not pay SBP premiums, surviving spouses in active duty deaths are not paid a premium refund, and so are not subject to repayment of such. H.R. 1726 would have met the AFAP goal of eliminating the DIC/SBP offset, however H.R. 1726 was not included in either the House or the Senate versions of the FY05 NDAA.

(3) Legislative initiatives S.11 and S.185, introduced in the 109th Congress, propose elimination of the DIC/SBP offset for the qualified survivors of Soldiers who die on active duty. The legislation also eliminates the DIC/RC SBP (RCSBP) offset for qualified survivors of reservists who have 20 years of service creditable for retirement, who have not been notified or are within the 90-day period of notification; and reserve component Soldiers who do not have 20 years of creditable service for a reserve component retirement and who die of an injury or illness incurred or aggravated in the line of duty during inactive duty for training (IADT). On 24 Jan 05, S.11 was referred to the Committee on Finance; and on 26 Jan 05 S.185 was referred to the Committee on Armed Services. None were enacted into law. They remained active through the second session of the 109th Congress.

(4) The Senate (S. 2766) and House (H.R. 5122) versions of the National Defense Authorization Act Fiscal Year 2007 (NDAA07) contain identical provisions that, if enacted, would eliminate the SBP/DIC offset. The two bills are currently in conference. Specifically, the law change would:

(a) Not be retroactive. However, it would allow surviving spouses of Soldiers who died on active duty before this law's effective date, who requested SBP for the Soldier's dependent children in order to avoid the SBP/DIC offset that applies to a surviving spouse, to request termination of the "child" election in favor of a "spouse" election.

(b) Repeal the current provision that pays an SBP cost refund to a retiree's surviving spouse, in the amount representing the SBP premiums the retiree paid to produce the SBP that is offset by DIC. They must pay back the SBP cost refund. Those who received an SBP cost refund would begin receiving full SBP and full DIC.

i. Estimated cost. The DOD Office of the Actuary projects the cost of full concurrent receipt of SBP and DIC at \$6.09 Billion over ten years.

j. Lead agency. DAPE-RSO

k. Support agency. None

Issue 556: TRICARE Coverage for School Required Enrollment Physicals

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Medical

e. Scope. TRICARE covers required school physicals for ages 5 thru 11, but does not cover physicals for pre-school children and family members 12 and over. Required school enrollment physicals for family members may be available in the military treatment facility (MTF). Families choosing to use civilian providers or who live in remote areas incur a fee for this service. These families incur the cost of the physicals for school age children, creating a financial disadvantage.

f. AFAP recommendation. Provide TRICARE coverage for all school enrollment physicals from preschool through 12th grade.

g. Required action.

(1) Request that the TRICARE Management Activity (TMA) pursue change in policy to support expansion of the school physical examination benefit to ages 12 – 17.

(2) Request that TMA implement program to educate beneficiaries on the existing physical exam benefit.

(3) Pursue a second cost estimate for the requested benefit change targeted toward TRICARE Prime/TRICARE Prime Remote enrollees.

(4) Monitor status of TMA's implementation policy change to expand physical exam coverage.

h. Progress.

(1) Validation.

(a) Most MTF based PCMs provide required school physicals for enrolled patients, regardless of age. TRICARE Prime for Active Duty Family Members (TPRADFM) enrolled beneficiaries over the age of eleven do not receive a benefit comparable to their MTF Prime enrolled peers.

(b) TRICARE policy specifically provides for school physicals for beneficiaries age 5 through 11, but does not provide the same for students age 12 or above. Sports physicals are also not included as a covered benefit. Most MTF-based primary care managers provide required school physicals for enrolled patients, regardless of age. Active Duty family members over the age of 11 enrolled in TRICARE Prime Remote (TPR) do not have a comparable benefit.

(2) Benefit Expansion.

(a) Since much of the medical care required to meet registration requirements for public schools is now covered through existing claims billing/ payment procedures, the cost of expanding the school physical benefit should be less than that associated with an entirely new benefit. By using already available healthcare benefits, beneficiaries in remote areas can provide the documentation to satisfy enrollment requirements in public schools. In spite of this, actual and perceived equity can only be provided by changing the policy to cover beneficiaries ages 12 through 17. The administrative burden and inequity of

benefits imposed on active duty (AD) personnel in remote areas warrants a policy change to make the benefit the same for all AD family members. This change should be accomplished at a minimal increase in government costs and it would help decrease the hassle factor of tracking complex procedures to get school physical requirements met. TRICARE Prime Remote is now available for family members of AD sponsors who live with their sponsors in a remote location.

(b) It should also be noted that although the TRICARE benefit does not specifically include school physicals for children over the age of 11, school registration requirements can usually be met by using a normal office visit in conjunction with the Prime or Standard preventive care benefit. Army, MEDCOM has advertised this information in the past in its beneficiary e-mail help system and associated newsletters. By using these already available healthcare benefits, TRICARE beneficiaries, including those in remote areas, usually have access to the documentation necessary to satisfy school enrollment requirements.

(c) The Army's Deputy Surgeon General forwarded to TMA on 14 Jun 04 a signed memorandum requesting a change in policy to support the recommended expansion of the TRICARE school physical examination coverage.

(d) In Sep 04, TMA announced consideration was being given to the expansion of school physical coverage per Army's request. The next step in the benefit change approval process requires submission of the change to the TMA Requirements Review Board. Although initially scheduled on the Requirements Review Board Agenda for the March, September and October, 2005, Board meetings, intervening interim decisions resulted in the agenda item being deferred until a later time.

(e) In Jun 05, the TMA reported that the TMA reassessment of the Government cost estimate for the benefit change was for all of the MHS eligible population. TMA recommended limiting the scope of the benefit expansion to TRICARE Prime/TPR enrollees.

(f) TMA also initiated a second cost-estimate to target the TRICARE Prime/TPR enrolled populations. At this time, TMA was unwilling to share their estimate and/or methodology. The requirement for the second cost estimate delayed consideration of the proposal until the Fall 05. Subsequent to completion of this second estimate, a decision was made that additional TMA review was needed. On 27 Jan 06, TMA's Clinical Services Division indicated that the TRICARE benefit is limited to those services that are medically or psychologically necessary. A school physical exam is not medically necessary, nor is it a service recognized as having any utility in prevention or screening as recognized by the US Preventive Services Task Force (USPSTF). In the case of the select preventive medicine services covered, they either prevent disease or permit the early detection of disease. TMA relies primarily on the recommendations of the USPSTF to support its determination of what preventive services should be covered under the TRICARE Prime preventive services benefit. Also, the code for school physicals is the same as used for sports physicals. Neither TMA nor the AMEDD endorses inclusion of sports physicals as a TRICARE benefit. The school physical requirement can be accommodated to some extent within

the standard TRICARE Health Promotion benefit but the administrative detail to ensure payment for these services is tedious.

(g) Later, in Jan 06, the Army received an inquiry from the TRICARE Area Office (TAO)-Europe regarding our initiative to increase the scope of the TRICARE benefit for school physicals to include the 12-17 year olds. The TAO's interest is on behalf of those Service Members and their families who are on remote location and cannot access any military treatment facility. The issue has arisen from all the Services. MEDCOM is awaiting more detailed information on the scope of impact to these Service members the limitation in school physical benefit imposes but will submit a formal request to TMA to implement a proposed rule to expand the TRICARE benefit to include school physicals also for children 12 years of age and older and to clarify the size of the beneficiary population and the requirements.

(h) GOSC review. The Nov 06 GOSC requested the issue remain active.

i. Estimated cost. Per an Army cost estimate, the annual cost for the recommended expansion of the school physical examination benefit would total from about \$426K to over \$1.4M. A later TMA cost estimate to expand physical exams to all 12-17 year olds totals \$4.0M in FY06 to \$4.4M in FY08 for system-wide implementation.

j. Lead agency. MCHO-CL-M

k. Support agency. TRICARE Management Activity

Issue 558: TRICARE Prime Travel Cost Reimbursement for Specialty Referrals

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Medical

e. Scope. The TRICARE Prime travel reimbursement benefit is distance based and not cost based. Reimbursement is available for non-Active Duty TRICARE Prime enrollees and TRICARE Prime Remote beneficiaries when they are referred for specialty care more than 100 miles from the primary care manager location. The current benefit does not take into account the impact of multiple trips of shorter distance. Beneficiary travel costs for care provided by specialty providers results in significant costs to beneficiaries. This is especially true when care requires multiple trips to the provider.

f. AFAP recommendation. Reimburse TRICARE Prime and TRICARE Prime Remote enrollees actual cumulative travel costs for specialty provider care.

g. Required action.

(1) Request that TRICARE Management Activity (TMA) pursue a change to travel claim processing procedures that will bring claims processing costs more in line with industry norms.

(2) Request that TMA pursue a change to the Defense Travel System's plan for an automated system to include processing of Prime Travel Benefit reimbursement claims.

(3) Monitor status of TMA's response to TSG's request.

(4) Forward legislative proposal to amend Title 10, United States Code, 1074i, to authorize a change to the TRICARE policy on travel cost reimbursement in order to reimburse TRICARE Prime and TRICARE Prime Remote

enrollees reasonable cumulative travel costs for specialty provider care for distances greater than 100 miles.

(5) Assess/evaluate all options for meeting the Conference recommendation.

h. Progress.

(1) Validation.

(a) The TRICARE Prime travel benefit is available to non-Active Duty (AD) TRICARE Prime and TRICARE Prime Remote family member enrollees when referred for specialty care more than 100 miles from a primary care manager's location. Reimbursements under the Prime travel legislation include hotel expenses, meals, gas/oil, tolls, parking, and tickets for public transportation (airplane, train, bus, etc.).

(b) The proposed solution includes reimbursing family members enrolled in TRICARE Prime Remote when their cumulative travel expenses reach or exceed \$37.50. This amount is based on the current Defense Finance and Accounting Service mileage rate of .375 x 100 miles. This would not include cumulative travel expenses incurred by non-medical attendants for travel less than 100 miles.

(2) Travel Benefit. Eligible beneficiaries traveling under 100 miles cannot be reimbursed under the TRICARE travel benefit, even though they may incur greater costs due to frequent trips of shorter distances. Reimbursements for cumulative costs may result in increases in actual benefit costs and may require elimination or underfunding of other TRICARE benefits/programs.

(3) There are approximately 3.375 million non-active duty TRICARE Prime and TPR enrollees. As a rough order of magnitude, if 5% of these enrollees use the recommended benefit [if approved] once a year, the cost would be approximately \$12.3 million. It does not include travel expenses such as meals, tolls, parking, or non-medical attendants. The costs would exponentially increase with additional expenses and higher utilization. These reimbursements for cumulative travel costs will result in increases in actual benefit costs for the Defense Health Program.

(4) A TMA-chaired workgroup met 6 Sep 05 to discuss the AFAP recommendation. Representatives were present from the TRICARE Regional Offices' Prime Travel sections, Army, and TMA. The Navy and Air Force provided points of contact for the workgroup, but they were not in attendance for this meeting. The workgroup recommended non-concurrence for a 100-mile cumulative change due to significant costs and increased administrative overhead, but did recommend changing the current benefit to 60 miles. This change would allow for reimbursement of travel expenses when a beneficiary travels more than 60 miles (one-way) for specialty care.

(5) The Principal Deputy, Assistant Secretary of Defense (Health Affairs) (PD ASD (HA)) was opposed to both a 100 cumulative mile change and the workgroup recommended 60-mile proposal. TMA estimated a 100 cumulative mile benefit would cost an additional \$23.1M per year over the \$8M per year for the current benefit. This position is in keeping with concerns over the rapidly increasing Defense Health Program.

(6) In addition to the increased cost, a 100-mile cumulative benefit would create an increased administrative burden on the TRICARE Regional Offices (TRO) and MTFs responsible for executing the current benefit.

These offices would cut orders for each trip, for a total of 100 cumulative miles. A beneficiary taking ten 10-mile trips would therefore require 10 sets of orders. The TROs and MTFs would require additional staffing to track and manage this exponential increase in workload.

(7) Additionally, OTSG forwarded a legislative proposal through the Army Office of Congressional Legislative Liaison to amend Title 10, United States Code, Section 1074i, to authorize a change to the TRICARE policy on travel cost reimbursement in order to reimburse TRICARE Prime and TPR enrollees reasonable cumulative travel costs for specialty provider care for distances greater than 100 cumulative miles. The PD ASD (HA), other Services (Navy and Air Force), and the TROs also opposed this legislative proposal.

(8) Administrative Cost. While staffing this action, it surfaced that the administrative costs of the benefit included processing fees of \$32.56 per claim. These claims costs were deemed unacceptable.

(9) GOSC review. The Nov 06 GOSC requested the issue remain active.

i. Estimated cost. It is estimated that there are 3.375M non-Active Duty TRICARE Prime and TRICARE Prime Remote enrollees. If one percent of these enrollees use this benefit only once a year, the cost would be approximately \$2.5 million annually; 5% use equates to \$12.3 million; and 10% use would be \$24.6 million per year. Each estimate includes the current claims processing cost of \$32.50 per claim.

j. Lead agency. DASG-HSZ

k. Support agency. TRICARE Management Activity

Issue 559: Unit Ministry Team Force Structure

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Medical

e. Scope. The shortage of Chaplain force structure negatively impacts Soldiers and families. In the past decade, reductions in force structure have caused several units (Battalion and higher) to lose authorizations for Chaplains and Chaplain Assistants. Other units, i.e., USAREC and some Initial Entry Training (IET) Battalions, have never had requirements recognized. The Army Research Institute (ARI), in 1999, indicated Army Chaplains are preferred caregivers in supporting Soldiers and family members in relational issues. The current lack of pastoral care, intervention and counseling adversely affects the well-being of Soldiers and families.

f. AFAP recommendation. Mandate budgeted end strength increase for Chaplains and Chaplain Assistants to assign a Unit Ministry Team (UMT) at each Battalion level unit and higher throughout the Army.

g. Required action.

(1) MACOM (TDA) identifies need for organizational change through manpower surveys, Schedule X's, desk audits, and other methods for determining workloads.

(2) MACOM (TDA) develops Concept Plan to support required changes based on studies and submits to HQDA Command Manager.

(3) Concept Plan integrated into the FY07 Command Plan and changes to force structure, if approved, implemented in FY07.

(4) Plan and vet through TAA 13.

(5) Survey Army Command, ASCC, and DRU Staff Chaplains to determine awareness of this initiative and actions being taken by their Commands to identify and authorize requirements.

h. Progress.

(1) Validation.

(a) Army chaplains provide constitutionally valid, historically proven service in support of soldiers, family members and authorized civilians. Army Chaplains represent less than ¼ of one percent of the COMPO 1 force, yet serve a disproportionately critical role in supporting the Army's mission. Several studies indicate soldiers depend on Army chaplains as their most preferred "trusted agents," following family and close friends, in responding to personal concerns.

(b) Corrections to force structure must be implemented by the respective MACOMs in the Command Planning process and vetted through the Command in the Force Development Process. The Chief of Chaplains does not own force structure to meet new requirements. If the command provides the required force structure, the Chief of Chaplains will fill the requirements.

(c) The General Counsel, OSD ruled on 6 Jul 05 that military chaplains are inherently governmental based on the 2d Circuit Court decision in *Katcof v Marsh*, 1985 and therefore, may not be contracted. Army chaplains provide constitutionally valid, historically proven service in support of soldiers, family members and authorized civilians.

(2) The Office of the Chief of Chaplains has been proactive in the development of stress and suicide prevention programs with A.S.I.S.T., and marriage and family support through Building Strong and Ready Families. Deployment and OPTEMPO stress have serious physical, mental, emotional and spiritual dimensions. Not only do they impact the Soldier and family member personally, they have ramifications for retention, safety, morale and moral choices. Quality care for our Soldiers, family members and authorized civilians requires a minimum of one Unit Ministry Team (one Chaplain and one Chaplain Assistant) per battalion.

(3) In all brigade combat teams (BCTs) chaplains and chaplain assistants are MTOE-authorized, but may be filled at only 50% while the unit is in the ARFORGEN Reset/Train Pool (prior to moving into the Ready Pool and then the Available Pool, with 100% fill), due to unavailability of sufficient Chaplain (CPT)s.

(4) The 42 Unit Ministry Teams sought by USAREC to serve in the Recruiting Battalions, and the four chaplain assistants requested by the AFAP representatives for the IET brigade at Fort Jackson, must be vetted through the command in the force development process. Corrections or additions to force structure must be implemented by the respective Army Commands, ASCCs, and DRUs in the Command Plan process and Total Army Analysis (TAA). The Chief of Chaplains does not own force structure to meet new requirements. If the command provides the required bill payers for the new force structure, the Chief of Chaplains will fill the requirements.

(5) The G3 approves all Force Structure. PPDT continues to work with DAMO-FMP and with the MACOMs in the FY07 Command Plan and TAA process.

i. Estimated cost. Cost will be determined once requirements are defined.

j. Lead agency. DACH-PPDT

k. Support agency. Army G-3

Issue 562: Multi Component Family Support Network

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: 16 Aug 06)

d. Subject area. Family Support

e. Scope. Inter-component cooperation (Active, Guard and Reserve) and current organizational structures are not optimized for efficient delivery of family programs and services, creating overlapping lines of authority, inconsistent messages about priorities and standards. Each component currently functions entirely independent of one another in the delivery of family programs. Services are available, but are not designed to meet the needs of geographically dispersed families. Service gaps exist in Mobilization and Deployment services, Exceptional Family Member Program, Financial Readiness, Spouse Employment, and Army sponsored affordable child care, Youth Outreach Services, and School Transition Support. This plan supports the family readiness needs of an expeditionary force and provides consistent family services during extended deployments to Active, Guard and Reserve families regardless of their component or location.

f. AFAP recommendation. Develop a Multi-Component Family Support Network that is a seamless array of family support services that can be easily accessed by the Soldier and family - Active, Guard and Reserve - regardless of physical location.

g. Required action.

- (1) Tiger Team meets to discuss recommendation.
- (2) Develop and staff concept paper.
- (3) Brief selected Senior Army Leaders and VCSA.
- (4) Established MCFSN Advisory Group.
- (5) Implement MCFSN Pilots.
- (6) Brief senior Army leadership on pilot results.
- (7) Implement MCFSN as directed.
- (8) Continue Phase II.
- (9) Army Reserve Forces Policy Committee Monitors Implementation and Execution.
- (10) Fund MCFSN Requirements FY 08-13 POM.
- (11) Implement MCFSN.

h. Progress.

(1) Validation. At the 18 Nov 03 AFAP GOSC, the VCSA directed the Commanding General, FMWRC, Director, Army National Guard and Chief, Army Reserve to form a tiger team to develop a concept for a Multi-Component Family Support Network to best serve the Active, Guard and Reserve Force.

(2) Family Support Network.

(a) Tiger Team met in Dec 03 to discuss recommendation and develop outline. FMWRC/ARNG and USARC staffs briefed the VCSA on 23 Dec 03. FMWRC/ARNG/USARC staffs revised briefing based on VCSA guidance Jan 04. FMWRC staff developed the first draft of the concept paper and presented to Tiger Team on 20 Feb 04 and requested Tiger Team to provide recommendations to concept paper to IMWR-FP by 5 Mar 04. FMWRC conducted field visits with RC families to determine their needs. FMWRC staffed final concept paper with Army staff in May 04.

(b) FMWRC conducted MCFSN pilots (Jun-Sep 05) to develop organizational and procedural approaches in

four Installation Management Agency (IMA) regions (Northwest, Southwest, Southeast, and Pacific Area). Each region utilized a different approach as a basis for conducting their pilot. From each of these approaches, "best practices" can be determined to develop an effective and functional MCFSN to implement.

(c) First Army conducted a MCFSN Commanders' Summit in Jul 05 to provide information to their Region's Adjutants General, State's Family Programs Coordinators, and USAR's Regional Family Programs Managers. During Aug 05, Pacific Area Region conducted a Joint Service Family Support Network Training Conference to train participants from all services within the region. The Deputy Commanding General (DCG) of Pacific Command (PACOM) holds a quarterly meeting to ensure smooth implementation of MCFSN across PACOM. All services and the Hawaii Adjutant General are engaged.

(d) FMWRC has analyzed lessons learned and data from the pilot program. Initial assessment is that the MCFSN concept is doable. Preliminary data suggest:

(1) Marketing strategy (Purple Box) of outreach to families was most successful.

(2) Inter-Service Family Assistance Committees (ISFACs) provide a forum for collaboration among service providers.

(3) Soldiers of the Army National Guard (Active Army) reported that they were able to locate services within a fifty-mile radius.

(4) Seventy-nine percent of those who received a Purple Box rated it extremely helpful; there were no differences between the branch or component.

(e) Importance of forging strong partnerships among the service providers, the unit and the community was reinforced. A team strategy that builds on varied systems within the military and civilian community is a good approach.

(f) In Jan 06, the MCFSN concept was briefed to the AFAP GOSC and the VCSA gave the approval to continue to Phase II implementation of the MCFSN. Additionally, in Jan 06, the MCFSN concept was briefed to the Army Reserve Policy Committee (ARFPC) and briefed out to the Vice Chief of Staff, Army and Secretary of the Army (SA). As a result of this briefing, the Assistant Chief Staff for Installation Management (ACSIM) and FMWRC were tasked with developing a strategy, commensurate with SA's vision, for expanding Family Support Programs in the RC and focusing on providing geographic support rather than support by unit or component. In Apr 06, FMWRC provided an update to the ARFPC and the Reserve Component Committee Council (RCCC) Council of Colonels on the progress of developing a plan for Family Readiness Program support to the USAR/ARNG. The MCFSN action was transferred from the ACSIM to the Assistant Secretary of Army and Manpower Reserve Affairs (ASA (M&RA)).

(g) The Commander, FMWRC provided the MCFSN briefing on 3 May 06 to the RCCC and was given the go ahead to proceed. The Directors, Family Program and Child and Youth Services briefed the ARFPC on 26 Jun 06 and the ARFPC recommended the program be endorsed, funding to the validated requirements, and that the National Guard and Army Reserve each provide a liaison officer to MCFP to develop their CONPLAN. A taskforce was established at the direction of the Deputy

Assistant Secretary, Human Resources on 18 Jul 06. Attendees included representatives from FORSCOM, Accessions Command, USA Reserve Component, National Guard Bureau, IMA HQ, IMA-Pacific Region, IMA Northwest Region, OSD-RA, ASA (M&RA), Army Wounded Warrior, First Army, and Child and Youth Services (CYS). The Task Force developed an action plan to ensure execution.

(3) GOSC review. The Jan 06 GOSC declared the issue active. Four pilot models, each structured differently, were tested between Jun and Sep 05. The best practices are being evaluated, but preliminary data suggests MCFSN is doable and has the potential to exponentially expand Family Programs and Child & Youth Services capability to reach families where they live. Army will continue to work this with the funding received in the 06 supplemental from OSD.

i. Estimated cost. QACS FY08-13 validated by II PEG and straight lined at \$6,074k each year. Child & Youth Services (CYS) actions related to MCFSN can be tracked in AFAP Issue 513, "Lack of Available Child Care for Geographically Isolated Active Duty Soldiers (Recruiters, Guard, Reserve, and Cadets)" and AFAP Issue 569, "Expansion of Army Sponsored Community Based Child Care Program (ASCBP)".

j. Lead agency. IMWR-FP

k. Support agency. HQ, IMA, ARNG, USARC

Issue 564: Calculation of Family Subsistence Supplemental Allowance (FSSA)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Entitlements

e. Scope. The federally mandated requirements to include Basic Allowance for Housing (BAH) or Overseas Housing Allowance (OHA) in the calculation of total income negatively impacts Soldiers. The current calculation shows BAH and OHA as additional income without showing related family expenses. Potentially eligible families suffer financial hardship due to loss of FSSA.

f. AFAP recommendation. Eliminate housing and utility allowances from income calculations for FSSA.

g. Required actions.

(1) Meet with OSD and other Services on change for both OCONUS and CONUS.

(2) Request average OHA be used OCONUS.

h. Progress.

(1) Issue history. In Mar 05, Issue 564, "Calculation of CONUS Family Subsistence Supplemental Allowance (FSSA)" was combined with this issue to create an issue that addressed FSSA calculation regardless of location.

(2) Food stamp program eligibility.

(a) When the Food Stamp program was first implemented all applicants had to include the value of their Government-provided low-income housing as income. This removed many individuals that needed the program from Food Stamp eligibility. Congress changed this requirement allowing low-income housing to be exempt from the Food Stamp eligibility calculation.

(b) Hence most Soldiers living on post are eligible for the Food Stamp program whereas a Soldier in their same identical situation off-post are not eligible for Food Stamps.

(3) FSSA eligibility.

(a) The sole purpose of Family Supplemental Sub-sistence Allowance (FSSA) is to remove a Soldier from food stamp eligibility. The allowance is not to exceed \$500 per month.

(b) When Congress created the FSSA legislation they purposely required the value of on post housing to be counted as income, just as BAH is counted as income, thereby eliminating the variance in eligibility that exists with the food stamp program. This leveled the playing field between off post and on post Soldiers.

(4) Housing allowance.

(a) Changing legislation to eliminate BAH in the calculation for FSSA will not help the off post Soldier as most are ineligible for Food Stamps and therefore would be ineligible for FSSA. Eliminating the BAH calculation for on post housing would continue the inequity between on post and off post Soldiers.

(b) Army sought OSD position on whether BAH should be eliminated from the FSSA calculation. OSD and the sister services do not concur with this suggestion as this would continue the inequity between on-post and off-post service members that exists with food stamps.

(5) Alternate approach.

(a) Most housing overseas was built in the same era and built using similar architectural requirements. Therefore, a Soldier may be qualified for FSSA in a lower cost city in Europe and not be eligible in a high cost city. An average OHA calculation would provide a more fair FSSA calculation for eligibles overseas.

(b) A request to have an average housing allowance considered as the rate to be used for FSSA was brought to the Per Diem Travel and Transportation Committee (PDTATAC). Since the Overseas Housing Allowance is expenditure based, this idea was not supported.

(c) It was noted that on post housing in the United States is similar throughout the United States, however BAH rates are significantly different OCONUS. OCONUS Soldiers do not have options to buy items or eat on the economy with the cost of the Euro to the dollar and reiterated that living overseas is different from CONUS. This issue was not supported.

(6) GOSC review.

(a) May 05. The GOSC was informed that the other services do not support eliminating housing allowances from FSSA calculations. Army will submit a request to use an average OHA in the calculation of FSSA overseas.

(b) Nov 06. The issue was recommended for unattainable status, but the DAS directed that it remain active to do more work to address the OCONUS concern and to explore other ways to get Soldiers off food stamps.

i. Estimated cost. The Army spends \$1.5M for FSSA and changing this policy could cost the Army approximately \$3.5M.

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 566: Childcare Fee Categories

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 15 Sep 06)

d. Subject area. Child Care

e. Scope. There are 6 total family income categories and 6 fee ranges. Families with significant income differences are paying the same fee within each category. The limited number of categories results in a \$6,000 to \$15,000 variance within categories of the fee schedule. This variance is inequitable and causes a financial burden.

f. AFAP recommendations.

(1) Increase the number of categories to reduce the financial variance.

(2) Increase the number of fee ranges with new fee categories while maintaining the existing fee range parameters.

g. Required action.

(1) Submit request to DOD to increase number of income categories and expand the ranges within those categories.

(2) Review the financial impact of increasing the number of income categories and increasing the number of fee ranges in those categories both for Army CYS and CYS patrons.

(3) Incorporate approved DoD SY06-07 Fee Policy Guidance into Army SY06-07 Child Care Fee Policy.

(4) Submit request to DOD to increase number of income categories and expand the ranges within those categories per AFAP 2004 issue #556 request.

(5) Cost analysis of proposal underway by OSD.

(6) Implement Army Child Care Fee Policy for SY07-08 as prescribed in DoD Fee Policy.

h. Progress.

(1) Conducted feasibility analysis on the recommended actions as proposed by AFAP issue. Proposal would decrease NAF revenue requiring increase in APF support.

(2) Requested DOD review and provide approval to increase the number of income categories and fee ranges. DoD Fee Council meetings occurred Sep 05 – Jan 06. Other Services/DoD supported increasing an additional category (six to seven) and adjusting income ranges for higher income patrons to include raising the cap from \$70K to \$90K.

(3) DoD is conducting an in-depth cost benefit analysis that will not be completed until 3rd Qtr 07. Results will be incorporated into the DOD SY 07-08 Fee Policy.

(4) SY 06-07 Patron Income Fee categories will remain the same as for SY 05-0. SY07-08 DOD Fee Policy will reflect results of DOD cost benefit analysis.

i. Estimated cost. DOD conducted CYS Program meetings Sep 05 – Jan 06 to review fee guidance and definition of total family income. Follow on actions include a cost benefit analysis by DOD with expected completion 3rd quarter FY07 for application to SY 07-08.

j. Lead agency. IMWR-CYS

k. Support agency. OSD-P&R

Issue 567: Completion of the Deployment Cycle Support Program (DCSP) by Individual Returnees

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 4 Aug 06)

d. Subject area. Force Support

e. Scope. Individual Soldiers and DA Civilians returning from an operational deployment and their family members are not consistently completing DCSP. The current DA program captures whole units, but does not always

capture individual returnees (e.g., Individual Ready Reserve (IRR), Individual Mobilization Augmentee (IMA), US Army Intelligence and Security Command (INSCOM)) and/or family members. Lessons learned with respect to domestic violence, suicide awareness and marital issues indicate non-completion of the DCSP jeopardizes the safety and well-being of the "Total Army Family."

f. AFAP recommendations.

(1) Modify the DCS Concept Plan to require commanders to be responsible and accountable for individual returnees completing the DCSP.

(2) Modify the DCS Concept Plan to require commanders to be responsible and accountable for making the DCSP available to family members of individual returnees.

g. Required action.

- (1) Change DCS policy to address issue above.
- (2) Gain approval of Director HR for staffing.
- (3) Make changes and gain approval of Army G-1.
- (4) Signature Army COS/Sec Army for issue to field.
- (5) Conduct follow-up visits to ensure compliance.
- (6) DCS Directive updated to address issues.
- (7) Staff DCS Directive through OTJAG for legal review.

(8) Forward to IRPD, Chief; HRP, Director; Army G-1; and Secretary of the Army for approval.

(9) Forward DCS Directive via ALARAC to the field

h. Progress.

(1) Validation. The intent of the Army's Leadership as outlined in the DCS Directive states that all levels of the chain of command must be involved to ensure DCS requirements are accomplished and documented for all affected Soldiers, including Soldiers deployed with other services. For Soldiers who redeploy as early returns, emergency leaves, or medical evacuations, units will ensure that Rear Detachment Commanders (to include State and Territory Joint Forces Headquarters Commanders and Regional Support Commanders) are provided contact information and completed DCS tasks. Commanders will certify that their units have completed DCS tasks to the first Lieutenant Colonel in the chain of command prior to arrival at DEMOB or Home Station.

(2) The DCS Directive outlines Redeployment Phase Tasks for Demobilization Station (RC), Home Station (AC), and Rear Detachment Commanders actions. These tasks, which are located in Annex A, will be performed at Home Station for spouses and families of Soldiers and DA civilians, and for select care providers with whom Army families will interact. Most of these tasks will occur while the Soldier or DA civilian is still deployed. Commanders are held accountable to ensure that these DCS tasks are made available to all family members.

(3) The staffing and editing of the DCS Directive are completed. The DCS Directive will be forwarded to the Secretary of the Army for approval to be released to the field via an ALARACT message. The Directive has a projected release date to the field of Oct 06.

i. Estimated cost. DCSP already in place and operating therefore no additional cost to ensure this occurs.

j. Lead agency. DAPE-HR

k. Support agency. OTSG, OCCH, IMA, FMWRC, NGB, OCAR

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (31 Aug 06)

d. Subject area. Dental

e. Scope. Retirees are unable to receive routine dental services at overseas military installations. Federally sponsored dental insurance is not available outside of U.S. and its territories and possessions. Retirees and families, therefore, must absorb 100% of the dental cost.

f. AFAP recommendation. Expand TRICARE Retiree Dental Plan (TRDP) to overseas locations.

g. Required action.

(1) OTSG will consult with TMA on Recommendation, including request for cost estimate.

(2) OTSG will obtain Navy/Air Force positions.

(3) OTSG will conduct the TRDP contract re-competition.

(4) OTSG will monitor status of TMA's position on implementation.

h. Progress.

(1) Validation. Retiree dental care overseas is currently not available OCONUS. The Army Dental Care System supports OCONUS retiree access to the TRDP as long as it is not at the expense of the AD population. Since TRDP is TMA/Tri-Service program, any problems associated with it can only be addressed at the TMA/Tri-service level. It is uncertain at this time whether there is much support for this issue at the TMA level. An expansion of the TRDP OCONUS would undoubtedly result in a substantial increase in the premiums that may be unacceptable to most enrollees.

(2) Issue History. This was an OCONUS direct submit issue to the 04 GOSC. OCONUS MACOMs stated that this is an equity issue for retirees overseas, with estimates of about 870 retirees in Korea and 15,000 retirees in USAREUR.

(3) Current OCONUS Retiree Dental Plan. Dental insurance is offered through Delta Dental for CONUS retirees, with beneficiaries paying 100% of premiums. No equivalent dental insurance exists for retirees overseas.

(a) The Assistant Secretary of Defense (Health Affairs) (ASD (HA))/TMA administer the TRDP. Per United States Code, Title 10, Chapter 55, Section 1076c, TRDP premiums are paid by enrolled beneficiaries, without a government subsidy. Coverage is limited to CONUS, Puerto Rico, Guam, the US Virgin Islands, American Samoa, Canada and the Northern Mariana Islands. If the TRDP were extended OCONUS, premium costs would probably increase for all TRDP enrollees.

(b) Retirees/families are authorized (not entitled) to dental care subject to the availability of space/facilities. The ASD (HA) policy #97-045 defines space-available (Space-A) care. Retirees have access to Space-A dental care when the AD dental readiness rate is at/over 95%.

(c) DENCOM has a mechanism in place to provide Space-A care in military medical facilities to OCONUS family members, retirees, and civilians based on a priority of care system.

1. In many places this includes maintenance of a list of patients who can report to a dental clinic on very short notice and allows non-AD patients to be on standby in the clinic to receive care if open treatment times occur.

2. Local initiatives may be carried out by dental clinics depending upon the location. For example, in Korea, due to a lack of resources, only emergency dental care is available for retirees/family members. The local Dental Command has taken the initiative to have health fairs over the past few years, at which oral hygiene information is distributed and oral cancer screenings are provided for retirees. In addition, the local Dental Command in Korea provides a hygiene course twice a year, at which Soldiers are trained. Recently, under this program, retirees were both permitted to have their teeth cleaned and given a dental screening exam.

(d) Per TMA, due to the extent of the modification required to expand the TRDP contract to cover retirees/families OCONUS, a recommendation to include OCONUS sites under the program cannot be considered until the next contract rebid cycle, estimated to be in 07.

(e) OTSG has contacted TMA about the possibility of expanding TRDP to OCONUS locations such as Germany and Korea. Solicitation procedures are estimated to begin this year through 2008. It is not clear at this time whether TMA will obtain an initial cost estimate for extending the program OCONUS.

i. Estimated cost. Request for a cost estimate has been forwarded to the Dental Section at TMA. It is uncertain whether TMA is willing to expend funds to obtain a cost estimate on this Issue.

j. Lead agency. DASG-HS-DC, Army OTSG

k. Support agency. TMA

Issue 569: Child Care to Support the Integrated Multi-Component Family Support Network and Garrisons Impacted by Army Transformation

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: 18 Sep 06)

d. Subject area. Child Care

e. Scope. Active Duty Service Members and Department of Defense (DOD) civilians lack affordable and available child care options while assigned to installations with insufficient on post child care. Geographically dispersed Active Duty Soldiers currently bear the full cost of child care and the financial inequities of being assigned to remote duty locations.

f. AFAP recommendations.

(1) Locate and subsidize child care spaces in local community child care programs for use by geographically dispersed Active Duty Soldiers who do not have access to military child care systems on installations.

(2) Increase the number of subsidized Army Sponsored Community Based Child Care Spaces as part of the Army Standard to meet 80% of the child care demand

g. Required action.

(1) Establish options for geographically isolated active duty soldiers to access quality child care.

(2) Submit and obtain POM UFR funding to reduce child care fees for geographically isolated active duty Soldiers using Army-sponsored, community-based child care.

(3) Develop marketing materials and outreach services to inform and support geographically isolated families eligible for child care services.

(4) Submit and monitor as action in Army Well Being Plan.

(5) Update Army CYS Mobilization & Contingency (MAC) Plan Manual and the Installation Child & Youth Operations Plan Workbooks to address child care needs of geographically isolated families.

(6) Submit and obtain Program Objective Memorandum (POM) Unfinanced Requirement (UFR) to expand ASCBCCP spaces to help meet 80% DOD Social Compact Child Care Goal.

h. Progress.

(1) Combined issue. Issue reflects consolidation of Issue #513 "Lack of Available Child Care for Geographically Dispersed Active Duty Soldiers (Recruiters, Guard, Reserve, ROTC Cadre) and AFAP Issue # 569 "Expansion of Army Sponsored Community Based Child Care" per VCSA direction during the Jun 06 AFAP General Officer Steering Committee. Issue # 569 encompasses Military Child Care In Your Neighborhood for geographically dispersed active duty Army families and Army Child Care in Your Neighborhood in targeted garrison catchment areas to augment, not replace, on post care.

(2) Validation.

(a) Issue supports the Army Campaign Plan to support the "all volunteer force by providing available, affordable, quality child care support where families reside.

(b) Helps "get the red out" at garrisons impacted by the Continental United States (CONUS) Modular Force, Base Realignment and Closure (BRAC) and Global Defense Posture Requirements (GDPR).

(c) Reflects a DoD/Army Business Initiative Council Initiative endorsed by the Army Morale, Welfare, and Recreation (MWR) Board of Directors, (10 Feb 05).

(d) Addressed in Army Well-Being Child Care Objective #3.6.3.

(e) Reduces Garrison MILCON requirements and personnel infrastructure.

(f) Serves as a viable option to help meet 80% of child care demand per Army Standard.

(g) Is key component of SEC Army directed Integrated Multi-component Family Support Network (IMCFSN) endorsed by the Army Reserve Forces Policy Council (ARFPC) and the Reserve Component Coordinating Committee RCCC).

(3) Options to access child care.

(a) Army has a Memorandum of Agreement with General Services Administration (GSA) to allow geographically dispersed Active Duty Soldiers to apply for subsidized child care at Army rates in 216 GSA/Federal centers in 32 states (remaining states do not have GSA centers).

(b) Army has a contract with national non profit organization to locate and subsidize the cost of 2000 off post child care spaces for geographically dispersed Active Duty Soldiers through Military Child Care in Your Neighborhood. Care is provided where Soldiers reside. Priority is given to Accessions Command and Independent Duty Assignment families. This is a pilot initiative – funding only available for FY05-06.

(c) DoD/FMWRC funded a Business Initiative Council (BIC) Pilot (Military Child Care in Your Neighborhood) for 2,000 geographically dispersed active duty Soldiers. This initiative reduces the Soldier's price for off-post child care. Child & Youth Outreach Specialists (FMWRC assets) have been placed in Accessions Command, ARNG,

and USAR headquarters to facilitate Soldier access to quality affordable child care.

(d) Six pilot sites are established at Boys and Girls Clubs in the civilian communities that have the potential to serve military youth who do not live on the installation. Each site has committed to serve an additional 100 military children not currently served on a military installation.

(e) In Jan 06, the Secretary of the Army directed the Army develop a strategy for expanding family support programs in the RC. The integrated multi-component family support network includes MCCYN.

(f) Follow on tasker from Sec Army (EOC) directed FMWRC to "develop a strategy for Expanding Family Support Programs in the Reserve Component" (Feb 06).

(g) Strategy approved by Reserve Council of Colonels (Apr 06) and Reserve Component Coordination Council (May 06).

(h) Legal review determined child care eligibility for ARNG Title 32 Soldiers (Jun 06). AFRPC recommended funding validated requirements (Jun 06).

(4) Funding.

(a) Submitted POM 06-11 UFR to serve Active Component geographically dispersed families. Requirement was validated by Installation Program Evaluation Group (II PEG), but unfunded.

(b) Received DOD funding for FY05 pilot to establish 2000 community based child care spaces.

(c) Submitted FY07 Program Budget Review UFR to continue pilot and expand care to 7,000 Active Duty geographically dispersed families.

(d) Submitted POM 06-11 UFR to provide child care support for Weekend Battle Assembly and Annual Training for Guard and Reserve families. Requirement was not validated by II PEG.

(e) Received DOD funding for FY05 pilot to establish 2000 community based child care spaces.

(f) Submitted UFR (\$30.6M) in FY07-11 Program Budget Review to expand to 7000 child care spaces through Military Child Care in Your Neighborhood for children of Active Duty geographically dispersed families.

(g) Received partial OMAR & OMNG QCCS MDEP funding for FY 06-07 to establish ARNG and USAR Child and Youth HQ and region staff.

(h) Submitted POM 06-11 UFR to fund Army Sponsored Community Based child care spaces to help meet 80% of Army child care demand. Requirement was validated by II PEG, but unfunded (March 04).

(i) Submitted POM 08-13 UFR to include Army Sponsored Community Based child spaces in the baseline capability of 65% of the child care demand and ramp to increase to 80% of the demand by FY 13.

(1) IMA and ACSIM are considering options to fix child care requirements and associated OMA funding. Decision briefing pending with ACSIM to address VSCA tasker to lay down child care capabilities and requirements.

(2) Critical requirements and funding for OMAR and OMNG child care component of the IMCFSN are insufficient and are not reflective of the ARFPC direction to fund the MDEP QCCS validated requirements.

(j) Include off post child care options as part of Garrison Operations Plans to address.

(5) Communication Strategies. Information available through Military One Source and print materials provided to ARNG and USAR for distribution to Family Readiness Groups. USAR and ARNG Child and Youth staff trained on available services (Feb/Mar 05; Apr 06/ on-going).

(6) Army Well-Being Plan. Issue included as #3.6.3 in Army Well-Being Plan.

(7) Mobilization.

(a) Army CYS Mobilization & Contingency Plan (MAC) Manual was updated to identify child care needs of geographically dispersed families. Manual was distributed to all Regions and Installations. Information was placed on the CYS website and ArmyCYSConnections.com.

(b) USAR and ARNG Child and Youth staff trained on available services Feb and March 05.

(8) GOSC review. The May 05 GOSC was informed that the POM 06-11 includes validated (but unfunded) requirements for 7,000 Army Sponsored Community Based Child Care spaces (includes continuation of BIC Pilot spaces). This requirement does not take into account increased spaces that may be needed with the re-positioning of Soldiers and families back to CONUS.

i. Estimated cost. POM 06 -11 programmed requirements include \$6.1M Operation and Maintenance for the National Guard (OMNG) funding for Active Duty National Guard and \$4.0M Operation and Maintenance for the Army Reserve (OMAR) funding for Active Duty Army Reserve in FY06 and FY07.

j. Lead agency. IMWR-CYS

k. Support agency. None

Issue 571: Family Member Access to Army Electronic Learning Programs

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Family Support

e. Scope. The military life style of frequent moves, long separations, and deployments is not conducive to family members acquiring marketable skills for developing/sustaining a career. Existing Employment Readiness Programs (ERP) are not funded to provide the required skills, training, or re-certification courses. Active duty Soldiers, Army National Guard, US Army Reserve, and Department of the Army (DA) civilians are authorized access to 1,500 courses in the Army electronic-learning (e-learning) programs at no cost to the individual. Providing family members' access to Army e-learning increases their marketability, career mobility, and employment goals, enhancing the family's financial security.

f. AFAP recommendation. Expand access to the Army electronic -learning (e-learning) programs through the Army Knowledge Online (AKO) system to include family members.

g. Required action.

(1) Pursue legal considerations regarding the use of appropriated funds to allow family members access to the e-Learning Program contract in place with the Office of the General Counsel.

(2) Establish an Integrated Product Team to determine optional methods of funding and HQDA policy and procedures for family members to access Army e-Learning program.

(3) Meet with AKO, AHRC, and NAF contracting to explore potential modification of eArmyU contract to allow family members to pay for site license.

(4) Pursue a legislative proposal to allow family members access to e-Learning Programs.

h. Progress.

(1) Validation. Support of military family members' access to e-Learning opportunities will enhance the well-being of the Army family by increasing individual career skills for employability as they transfer from post to post. This action will facilitate family member learning and will reduce the financial and emotional stress created by military moves.

(2) Action.

(a) The use of appropriated funds to support Army e-Learning and e-ArmyU access for family members is prohibited by law. Expansion of the programs to family members would require new legislation. Additionally, modification of the eArmyU contract to pay the license fee for family members is not possible.

(b) The most viable option at this time is for family members to purchase licenses directly from SkillSoft on AKO. SkillSoft has a special offer for Government Contractors, Military Retirees, Veterans, Spouses, and Dependents for \$550 per year that provides access to the SkillPort e-Learning site that includes over 2,000 courses and over 80 certification exams with full mentoring and practice exams. Courses can be taken live over the web or downloaded for offline use. Information about courses and enrollment is posted on the Army e-Learning portal on AKO (www.us.army.mil).

i. Estimated cost. A full unlimited license costs \$550 per year; a limited license for desktop applications costs \$35 per year.

j. Lead agency. SAIS-EIH

k. Support agency. PEO EIS

Issue 572: Family Member Eyeglass Coverage

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Medical

e. Scope. There is currently no eyeglass coverage under TRICARE for family members of active duty service members and military retirees. The Frame of Choice Program is not available to family members. One pair of eyeglasses costs approximately \$100-\$400. There are families with several members who require eyeglasses, thus multiplying the expense. Eyeglasses are a necessity and this expense adversely impacts the family budget.

f. AFAP recommendations.

(1) Fund a portion of the cost of eyeglasses under TRICARE.

(2) Outsource eyeglass fabrication through contracted vendors at a reduced price.

(3) Provide Frame of Choice Program at cost from the Military Lab.

g. Required action.

(1) Develop/forward to the TRICARE Management Activity (TMA) a legislative proposal to cover a TRICARE eye glass benefit for family members of Active Duty Service Members/military retirees.

(2) Continue to study, with TMA, costs associated with

funding of eyeglasses through outsourcing.

(3) Determine capabilities of the Optical Fabrication Enterprise (OFE).

(4) Monitor status of approvals on 2nd legislative proposal request for family member eyeglass benefit.

h. Progress.

(1) Funding eyeglasses under TRICARE.

(a) TRICARE does not cover eyeglasses for family members of Active Duty Soldiers and retirees. Retirees are eligible to receive free standard military brown eyeglasses which are provided directly to retirees from DOD optical fabrication laboratories. A legislative change is required to add an eyeglass benefit to the TRICARE military health program.

(b) In May 05, OTSG forwarded to TMA a request for proposed legislation for a TRICARE family member eyeglass benefit. This legislation would be required before Recommendations 2 or 3 could be implemented under TRICARE. TMA returned the action on 07 Jul 05 without support due to an estimated annual cost of \$201M. A viable funding offset would be required to support this benefit expansion.

(c) In the summer of 2005, OTSG also submitted, through Army to the Office of the Secretary of Defense (OSD), a Unified Legislative Budget proposal, which was rejected. Thus, there is no legislative proposal being supported by DOD and there is no action in the Senate/House to add an eyeglass benefit. This year, DOD attempted to render a large increase in user fees for TRICARE beneficiaries citing explosive growth in health care costs, and the attempt met stiff resistance. Based on this, there is no support for increasing the benefit. Congress will require a comprehensive review of the TRICARE benefit this year and additional benefits, such as eyeglasses, may be reviewed. With an estimated 11 billion dollar shortfall in funding for TRICARE, no additional benefits are anticipated without an increase in user premiums or a funding offset. In the absence of these two options, this Recommendation remains unattainable.

(2) Retirees are eligible to receive free standard military brown eyeglasses annually which are provided directly to retirees from DOD optical fabrication laboratories. Retirees may elect to provide an eyeglass prescription from a private practitioner in order to take advantage of this benefit. Another available option for some retirees exists through the Department of Veterans Administration (DVA). Retirees that are assessed as having a 10% disability may seek eye examinations through the DVA and gain a pair of civilian-style glasses at no cost. Or, these retirees may present a valid eyeglass prescription at a DVA optometry office, and choose from their frame selection to obtain a pair of glasses at no cost.

(3) Outsourcing Optical Fabrication.

(a) AAFES.

(1) AAFES already contracts optical services through eight private companies and has the capacity to take on additional work. AAFES currently has an extremely affordable selection of eyeglasses. The average price paid for glasses at AAFES is \$116, which is 33% less than the US reported average of \$173. Single vision glasses are available at the very low-cost of \$30. OTSG is actively working with AAFES to increase advertisements about the availability of reasonably priced eyewear.

(2) Questions were raised at the Nov 06 GOSC about the styles available at low-cost from AAFES. Attendees attested to the attractiveness of frames purchased at AAFES. Discussion also centered on lack of the AAFES option for geographically dispersed Soldiers and families.

(b) Other large companies, to include many names such as Sears, LensCrafters, Pearle Vision and Target, offer corporate vision plans with discounts averaging 40% off their retail eyeglass prices. A similar plan could be developed for the military family, but some local research found that the savings are not substantial. Most also offer "military discounts" in the same discount range, which according to local vendors can be easily beaten by other discount offers and promotions.

(c) Outsourcing optical fabrication was also extensively studied by the DoD Optical Fabrication Enterprise with an independent DOD contractor, Grant-Thornton, in 2003-2004. It was determined that the outsourcing of optical fabrication is not cost effective.

(4) Frame of Choice.

(a) The current mission of the DoD Optical Fabrication Enterprise is to provide glasses for Service Members to ensure they are vision ready to deploy at all times. Army and Navy optical fabrication laboratories deploy with Service Members in all major contingencies. The DoD Optical Fabrication Enterprise does not have the necessary resources or capacity to provide a frame-of-choice at cost for Active Duty family members and retiree family members. The sole exception to providing AD family members with optical items through military laboratories is cited per Tri-Service Instruction/NAVMEDCOM INSTR 6810.1, whereby eyewear is offered on a very limited basis to family members stationed with a Service Member assigned to one of four very remote locations: Guantanamo Bay (Cuba), Keflavik, (Iceland), Adak and Sitka (Alaska). These locations have been designated as remote for the purposes of providing spectacle services to military dependents of the U.S. Uniformed services. The orders are filled on a reimbursable basis, with only 68 pairs ordered under this program in FY05.

(b) Outsourcing optical fabrication was also extensively studied by the DOD Optical Fabrication Enterprise with an independent DOD contractor, Grant-Thornton, in 2003-2004. It was determined that the outsourcing of optical fabrication is not cost effective. Thus, due to capacity limitations and excessive costs involved with outsourcing, use of military laboratories for fabricating family member eyeglasses is not feasible, thus this recommendation is unattainable.

(5) Cost avoidance from the reduced need for eyewear as a result of more Soldiers having laser eye surgery is minimal. Refractive surgery will reduce the number of required spectacles, but not in the numbers required to fund or even offset the cost of a TRICARE eyeglass benefit. Assuming all Soldiers who had undergone refractive surgery remain on Active Duty (AD), this would total only 29,000 Soldiers. By not fabricating two pairs of glasses and one protective mask insert at a cost of \$34 on average would net savings of only \$3 million. This savings would have minimal impact to the proposed eyeglass benefit.

(6) GOSC review.

(a) May 05. GOSC was briefed on various strategies being explored to resolve this issue.

(b) Nov 06. GOSC requested issue remain active to increase AAFES publicity of low-cost glasses and to explore options for families that do not live near an AAFES facility.

i. Estimated cost. TMA estimates that the total annual government cost of providing eyeglass coverage to non-Active Duty TRICARE eligibles would be about \$201 million annually.

j. Lead agency. DASG-HS-O

k. Support agency. TRICARE Management Agency

Issue 574: Funding for Reserve Component (RC) Reunion and Marriage Enrichment Classes

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 6 Sep 06)

d. Subject area. Family Support

e. Scope. Funding is not available to provide the Prevention and Relationship Enhancement Program (PREP) training required by the Deployment Cycle Support Plan (DCSP) for RC Soldiers and their families in contrast to the Active Component. Soldier's pay and allowances, spouse travel, child care, supplies, materials, and facilities are not funded to support PREP training. Funding this program, will enhance relationships, reduce the risk for abuse and divorce, increase readiness and retention and bring the RC into full compliance with this phase of the DCSP.

f. AFAP recommendation. Fund PREP for the Army National Guard and the US Army Reserve.

g. Required action.

(1) Army National Guard (ARNG)

(a) Fund the requirement from re-prioritized resources for FY05.

(b) Request funding in the FY07-11 Presidential

(c) Budget Decision Update as a new requirement.

(d) Create the StrongBonds.Org website for registration and collection of metrics.

(e) Administer surveys before and after seminars to measure the effectiveness.

(f) Obtain funding for PREP Training from re-prioritized resources for FY-07.

(g) Continue to monitor data collection

(2) United States Army Reserve (USAR)

(a) Submit Unresourced Requirement (URR) for \$11M to complete FY07 training.

(b) Resubmit funding in POM 08-13.

h. Progress.

(1) USAR actions.

(a) The CAR, in the Warrior Citizen Message, 13 Jan 05, authorized and directed the implementation of DCS Task 3.4.7(One day Marriage Workshop Training).

(b) Interim guidance was issued to conduct the training without additional funding (using current training funds). Army Reserve submitted an URR for \$12M; however, it was not approved into the FY05 Supplemental.

(c) Costs associated with this program are considered reconstitution expenses for contingency operations (CONOPS) Enduring Freedom (OEF) and Iraqi Freedom (OIF). Guidance for funding demobilization activities remains the same as mobilization: use available resources,

capture the expenditures in the appropriate categories in the accounting system and await reimbursement for incremental costs. MSC G8s are to work closely with the Command Chaplain's office to assist with funding in support of this training.

(d) The program is referred to as "Strong Bonds" is the Army Chaplain program providing training to couples, singles and families. This program evolved from the Building Strong and Ready Families program.

(e) MSC Command Chaplains have the lead on planning this program

(f) USARC Command Chaplain's office allocates the funding for each command per their request.

(g) Marriage workshops are being planned in areas that have the highest concentration of family members within the region of the RRC/DRC to make it as easy as possible for Soldiers and spouses to attend.

(h) In FY06, the Army Reserve conducted approximately 100 events.

(i) On 9 Aug 05, contacted OCAR Human Resources to get assistance obtaining information from Director of the Army Budget Office. In Dec of 05, OSD validated the \$7.6M that was submitted in 2nd Qtr FY05 for FY06 - \$4M is currently available. FY07 remains unfunded with \$11 million requested in the supplemental, \$8M OMAR and \$3M RPA.

(2) ARNG actions.

(a) Office of the Chaplain received funding for PREP training for nationwide Chaplain Staff, and Family Program Office received \$5.4 M for logistics support for the operation of the seminars. State Family Program Directors (SFPD) and State Chaplains, received guidance on all necessary requirements to conduct Marriage Enrichment Seminars with funding limitations.

(b) Joint Force Headquarters (JFHQ) SFPD is working directly with the JFHQ Chief of Chaplains to schedule Marriage Enrichment Seminars. The Family Program Office and the Office of the Chaplain will ensure that the event is within the states allocation of events and that the Chaplain training is supportable by a trained instructor.

(c) The Chaplain instructor will administer a survey assessment tool before and after the seminar to measure the effectiveness of the seminar on improving communication, stress management, and the expectation of reunion. Data collection is ongoing for historical purpose. The SFPD will be responsible for logistics support, to include hotel procurement, meeting room negotiations, informational materials, Invitational Travel Orders for spouses, and budget management.

(d) A Marriage Enrichment Class is designed to train 100 people (50 couples). There are cost constraints per event that we cannot exceed. Each event has been cost analyzed and to not exceed \$17,500 dollars for week-ends and \$4K for materials for each weekend. Service member pay and allowance has been the responsibility of the state. \$5.4 million was received by the ARNG to fund spouses travel, supplies, materials and facilities at 25%.

(e) The Active Duty, USAR and ARNG Chaplains Components have all partnered with the ARNG Family Program to work on the strongbonds.org website that will allow registration and collection of metrics from service members and families when they access the website for information on Marriage Enrichment seminars and

other events. This website was launched 15 May 06. Strong Bonds started as Building Strong and Ready Families (BSRF), a program for couples, but now encompasses programs for single soldiers, married couples, and families with children. The new programs now meet Soldiers at different phases of the relationship cycle. Specific training is offered for the Single Soldier, Couples, Families with children, and all Soldiers and families facing deployment.

(f) Continue to monitor to all After Action Reports (AARs) from JFHQ Chaplains that are being received to review data compiled is in process.

(3) GOSC review. At the May 05 GOSC, the VCSA said that this is an important issue addressing the health of the force and asked for feedback on the funding of marriage enrichment for the Reserve Components.

i. Estimated cost. ARNG: \$21.6M (one-year); USAR: \$12M (one-year).

j. Lead agency. NGB-J1-FP; AFRC-CH

k. Support agency. None

Issue 575: Leave Accrual

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Entitlements

e. Scope. Increased mission requirements leave little opportunity for Soldiers to use accrued leave. U.S. Code 10 limits accrued leave to 60 days at the end of the fiscal year. Leave and short periods of rest from duty enhance morale and motivation, which are essential to maintaining maximum Soldier effectiveness. When Soldiers are unable to use earned leave, the loss of entitlement is perceived as an injustice.

f. AFAP recommendation. Allow Soldiers to accumulate 90 days leave until termination of service.

g. Required action.

(1) Obtain support from all Services for Special Leave Accrual (SLA) up to 90 days at the Secretary's discretion.

(2) Submit legislative change to modify 10 USC, section 701(f) (1) to the pre-FY04 NDAA eligibility requirements for retention of accumulated leave in excess of 60 days.

(3) Obtain support from all Services for accumulating up to 90 days of Ordinary Leave. Obtain support from all Services to support legislative authority to modify existing law.

(4) Submit a request for change in legislation in the FY08 ULB cycle.

(5) OSD conducting an independent study on leave accumulation, sell-back, SLA to determine possible changes to DODI/DOD policy regarding current leave policy for Service members.

h. Progress.

(1) 90 days SLA.

(a) Phase I involves changing the wording for incorporating up to 90 days of leave for SLA. This involves a change to 10 USC, section 701(f) (1) to the pre-NDAA 04 format, and leaves it to the Secretary's discretion. This proposal received unanimous support across the services, and has been forwarded to Congress as a ULB item. The concerns the service Secretaries had, even in light of the approval, included hording leave in order to

take it at retirement, and the negative impacts from lack of sufficient leave taken.

(b) Discussions with the other Services and OSD are ongoing to make the 90-day Special Leave Accrual (SLA) provisions permanent entitlement for ordinary leave, increase career leave sell back and increase retention of SLA from 3 to 5 years. These actions will require a change in legislation through the ULB process and a positive consensus by the Services and OSD.

(c) OSD currently conducting independent study concerning DOD leave policy for Service personnel to determine if changes to DOD leave policy are warranted.

(2) 90 days Ordinary Leave. Phase II involves expanding the accumulation of up to 90 days of SLA to be a permanent entitlement for ordinary leave. While Congress is pondering whether or not to change the wording from "an assignment in support of a contingency operation" to "other designated duty," we have begun work on making this happen. To do so requires another ULB item, a positive consensus across OSD, and a change in legislation.

(3) Stats. FY03 and FY04 statistics indicate that the average median lost leave was around 4.5 days; in FY04 and FY05 it climbed to 5.5 days.

(4) GOSC review. The May 05 GOSC was informed that Soldiers currently are authorized to accrue up to 120 days of leave when deployed in theater. Per recent DOD Directive, service members use the first leave accrued. This allows a Soldier who has been deployed to carry forward up to 120 days for 3 years, reducing the likelihood that Soldiers will lose accrued leave.

i. Estimated cost. There is no cost in retaining 90 days of leave as SLA since current budgets were based on the prior criteria for SLA, and this position only seeks to restore those previously existing criteria. The cost in accruing 90 days of leave until termination of service does not specifically translate to a dollar amount since the sell-back of 60 days of leave over a career would not change. Rather, soldiers will be on a day of leave rather than losing it.

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 576: Legality of the Family Care Plan (FCP)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Family Support

e. Scope. Many Soldiers and commanders are unaware that the FCP is not a legal document but simply a recommendation for the Soldier's desire for guardianship. The current FCP checklist and annual review do not identify "At-Risk" Soldiers. Some deployed Soldiers are discovering that the other natural parent of the child(ren) is/are challenging the terms of the FCP and are gaining custody of the child(ren). These challenges cause distraction from the mission, decreased mental stability, financial hardship, and retention problems, before, during, and after deployment.

f. AFAP recommendations.

(1) Educate Soldiers and Senior Leadership that the FCP is not a legal document.

(2) Identify "At-Risk" Soldiers by implementing a modified checklist as well as requiring a semi annual review of documents.

(3) Require Soldiers identified with unresolved FCP issues to obtain legal assistance.

g. Required action.

(1) Draft proposed modification to Chapter 5, AR 600-20.

(2) Forward proposed changes to G-1.

(3) Monitor Rapid Revision to AR 600-20

h. Progress.

(1) Validation. Some deployed Soldiers are discovering that their child's other natural parent is challenging the terms of the FCP. In many of these situations, the other natural parent is gaining custody of the child over the custodian named in the FCP. Many Soldiers and commanders believe that the FCP is a binding legal custody determination. The FCP cannot negate a natural parent's superior legal right to the custody of their child.

(2) Background. The requirements of a FCP are contained within Chapter 5, AR 600-20, Army Command Policy. The proponent for AR 600-20 is G-1.

(3) Action. The Legal Assistance Policy Division has been working with the other services and the Family Law Section of the American Bar Association to address the problems raised by this issue.

(4) Proposed Modifications. Changes to the family care plan portions of AR 600-20 have been drafted and forwarded to G-1:

(a) Alert Soldiers to the fact that the Family Care Plan itself cannot and does not negate or otherwise diminish a natural parent's right to assert a claim to custody of a child.

(b) Provide information that will improve identification of Soldiers whose family situation creates the potential for Family Care Plan problems.

(c) Require commanders to review any court order impacting the Family Care Plan.

(d) Establish a waiver form by which a natural parent could consent to a third party exercising custody under the terms of the Family Care Plan.

(e) Encourage Soldiers identified as having potential Family Care Plan problems to contact a Legal Assistance Attorney.

(5) G-1 will finalize a rapid revision to AR 600-20 in the next 3-4 months that will include these changes. Once the revision has been approved, G-1 will publish an ALARACT message covering the change.

(6) Information concerning this issue has been disseminated through Legal Assistance channels. Family Care Plans are regularly reviewed as a part of the DCS checklist. Legal personnel have been urged to cover potential Family Care Plan problems during these reviews.

(7) GOSC review. The Jan 06 GOSC declared this issue active pending the revision to AR 600-20, Army Command Policy. The AR will incorporate better education processes into FCP preparation procedures and will require a better screening process to identify those with potential FCP problems.

i. Estimated cost. Implementation of this issue involves negligible cost to the Army.

j. Lead agency. DAJA-LA

k. Support agency. None

Issue 577: Non-Chargeable Leave for Deployed Soldiers

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Force Support

e. Scope. Commanders do not have the option to authorize non-chargeable leave as a reward to deployed Soldiers. Commanders are able to grant a pass, accrued, advanced or excess leave. Deployed Soldiers are not provided sufficient non-chargeable leave due to increased mission requirements. Increased Command prerogative to authorize non-chargeable leave further enhances the ability of the commander to manage his/her leave program.

f. AFAP recommendation. Authorize the Commander to award 7-15 days of non-chargeable leave to Soldiers deployed for a minimum of 6 consecutive months to be used during Rest and Relaxation or within 120 days post-deployment.

g. Required action.

(1) Gain the concurrence of the Per Diem Travel and transportation Allowance Committee (PDTATAC) in support of a ULB item.

(2) G-1 request OSD to change DoDI 1327.6, Leave and Liberty Procedures, to provide a period of non-chargeable to the deployed Soldiers leave account.

h. Progress.

(1) Validation. This proposal requires a change in the very way that we define leave. Commanders would have the leeway to grant Soldiers who are returning from a Hazardous Duty Pay situations more flexibility in their leave schedules, and the opportunity to take leave, without impacting accrued leave, if needed or deserved. The Army leave program is designed to allow soldiers to use their authorized leave to the maximum extent possible. Experience has shown the vacations and short periods of rest from duty provide benefits to morale and motivation that are essential to maintaining maximum Soldier effectiveness. The leave program is also designed to encourage the use of leave as it accrues, rather than to accumulate a large leave balance.

(2) Authorization. Soldiers on active duty earn 30 days of leave a year with pay and allowances at the rate of 2 ½ days per month. Leave is only lost after the Soldier has accumulated over the maximum 60 days of accrued leave at the end of a particular fiscal year and did not use all of the current year's 30 days of annually accrued leave. Additionally, current Army policy authorizes Special Leave Accrual (SLA) to deployed Soldiers, which allows them to retain annual leave days in excess of 60 days that normally would be lost at the end of a fiscal year.

(3) Change to DoDI.

(a) G-1 submitted a request (20 Apr 05) to OSD to change the DoDI 1327.6, Leave and Liberty Procedures, to make the R&R leave period non-chargeable to the Soldiers leave account or to provide a period of non-chargeable post deployment leave to those Soldiers unable to utilize the R&R program during their deployment. OSD (Principle Deputy OSD P&R) denied the DCS, G-1 request on 27 Jun 05.

(b) Further discussions were conducted to determine the feasibility of implementing a period of non-chargeable

leave for first term Soldiers only to preclude a negative leave balance when Soldiers take leave after AIT, then two weeks R&R, then Block leave on redeployment. This approach was not supported either since it was felt that this would cause an inequity between Soldiers that manage their leave/did not utilize all leave and Soldiers that used it.

(c) Since DODI 1327.6 and AR 600-8-10 allows granting Soldiers "advance leave" before its actual accrual, Soldiers wanting leave after deployment could be supported without creating an equity between Soldiers. OSD does not support providing non-chargeable leave for deployed Soldiers.

(d) OSD is currently studying the Service member leave issues to determine possible future changes to DOD leave policy concerning leave accumulation, sale and retention due to Soldiers accumulating large leave balances, some greater than 120 days. The Soldier's inability to utilize all leave currently authorized/accruing is already a problem. Consequently, OSD will not support any action to increase the number of days leave Soldiers receive or to provide periods of non-chargeable leave, regardless of time in Service.

i. Estimated cost. Potential cost is \$2020 for 15 days of leave per Soldier. Approximate cost if all or deployed Soldiers in support of OEF and OIF is: 300,000+ Soldiers have taken R&R X \$2020 = \$606M.

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 578: Paternity Permissive Temporary Duty (TDY)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Force Support

e. Scope. There is no Army policy allowing the use of permissive TDY for fathers upon the birth of a child. The Marine Corps policy 5000.12D, paragraph 7 authorizes the use up to 10 days for this purpose. Army Commanders do not have the same authority. If accrued leave is not available, unnecessary stress is created when a Soldier goes into negative leave balance.

f. AFAP recommendation. Amend AR 600-8-10 to authorize the use of permissive TDY for fathers upon the birth of a child.

g. Required action.

(1) Identify other Services' policy on paternity leave for fathers.

(2) Take initiative to the OSD Leave Board.

(3) Update AR 600-8-10 with change.

h. Progress.

(1) Validation. Fathers are an integral component of a child's development. The time immediately after birth is an important time for the child and father to bond. Permissive TDY would allow fathers time to do this without taking ordinary leave.

(2) The Marines no longer allow permissive TDY for paternity leave.

(3) OSD Avenue.

(a) A request to allow PTDY to be used for paternity leave was submitted to OSD.

(b) DoDI 1326.5, Leave and Liberty Procedures, dated 22 Apr 05, paragraph 6.11.8.9, specifically states

that "administrative leave/ permissive leave cannot be used following the birth or adoption of a child. Ordinary leave must be used."

(c) OSD is working on a change to DoDI 1327.5, DOD Policy on Leave and Liberty to reflect the change to Title 10, USC when a military member makes an adoption. This will result in a change to AR 600-8-10, Leave and Passes permitting leave for adoption.

(4) Legislation.

(a) Although this change to Title 10, USC does not provide authority for leave on the birth of a child. Discussions with OSD concerning PTDY for the birth of a child indicates that they will not support a change to existing policy since ordinary leave is available to the Service member on the birth of a child.

(b) The NDAA -2006, SEC. 593. provides adoption leave for members of the armed forces adopting children by amending Section 701 of Title 10, United States Code, by adding at the end the following new subsection: "Under regulations prescribed by the Secretary of Defense, a member of the armed forces adopting a child in a qualifying child adoption is allowed up to 21 days of leave in a calendar year to be used in connection with the adoption." The 21 days allowed will be PTDY.

i. Estimated cost. Estimated cost for 10 days is \$34.6M (\$1347 x 25,700).

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 582: Windfall Elimination Provision (WEP)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: 12 Sep 06)

d. Subject area. Employment

e. Scope. The WEP prevents Civil Service Retirement System (CSRS) and CSRS Offset annuity recipients from receiving their full retirement annuity benefits. The WEP decreases annuities by a formula tied to Social Security benefits that result in diminished annuities/retirement income for over 500,000 civil servants retirees, and future CSRS and CSRS Offset retirees. This provision deprives the retirees of their rightful annuities.

f. AFAP recommendation. Abolish the WEP.

g. Required action.

(1) Garner support from Title II of Social Security Act to eliminate or restrict the application of the WEP.

(2) Continue to monitor the status of pending bill.

h. Progress.

(1) Validation. The WEP applies to most individuals who become 62 (or disabled) after 1985 and also become eligible for a government annuity after 1985. The Social Security Amendments of 1983 included a provision that greatly reduces the social security benefit of a retired or disabled worker who also receives a government annuity based on one's own earnings. It applies to anyone who becomes 62 or disabled after 1985 and becomes eligible for his/her government annuity after 1985. Both must occur after 1985. Social Security benefits can be reduced by 50 percent or more.

(2) Legislation. H.R. 147 Social Security Fairness Act of 05 was introduced on 4 Jan 05 by Rep Howard "Buck" McKeon (R-CA) with 122 original cosponsors. This bill was referred to the House Committee on Ways and Means. S.619 was introduced into the 109th Congress

on 14 Mar 05 by Sen. Diane Feinstein. On 16 Jun 05 this bill was referred to the Committee on Finance, where it remains. Both bills continue to gain support in the House of Representative and the Senate.

i. Estimated cost. Elimination of WEP would have a 10 year cost of \$29.7B. The long-range cost is estimated to be 0.06 percent of taxable payroll.

j. Lead agency. DAPE-CP-PPD

k. Support agency. Social Security Administration

Issue 583: Advanced Life Support Services on CONUS Army Installations

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 31 Aug 06)

d. Subject area. Medical

e. Scope. The Department of the Army does not require Advanced Life Support (ALS) services on CONUS Army installations. The Army provides Basic Life Support (BLS) services; however, timely ALS services are not provided on all CONUS Army installations. In accordance with the applicable National Fire Protection Association (NFPA) guideline for ALS services, an 8-minute response time to 90% of the incidents is the accepted standard. Lack of ALS services increases response time which jeopardizes the health and safety of the CONUS Army Family.

f. AFAP recommendation. Mandate that all CONUS Army installations to include Alaska and Hawaii provide Advanced Life Support services on or near the installation in accordance with the National Fire Protection Association standard.

g. Required action.

(1) Form Work Group to address EMS standards.

(2) Conduct data call to CONUS installations on EMS operations.

(3) Analyze data and draft EMS standards to include standard on ALS response time.

(4) Staff and propagate EMS standards.

(5) Forward to CG, IMA by formal correspondence a statement of proposed standard(s) for Army ALS services.

h. Progress.

(1) Validation. Emergency Medical Services are currently available on all CONUS Army installations, either through MTF, garrison, or local community assets. There is no single Army entity or office that has overall responsibility for regulating or resourcing EMS operations. There is no Army-wide standard for ALS response time. The NFPA "8 minute" standard represents the opinion of many subject matter experts, but recent evidence indicates that responses within that period have little effect on the survival rate of most patients.

(2) On 6 Oct 05, MEDCOM published standards for EMS programs operated by Army MTFs, though these standards do not mandate response times. The standards require that the programs, at a minimum, meet the state and local standards of the surrounding community. Commanders may request exceptions or variances from other portions of the standards, based upon local circumstances.

(3) On 9 Mar 06, IMA and MEDCOM met in a work group to devise standards for all Army EMS operations and to determine a way ahead. Data shows that 74 per-

cent of Army installations meet this standard. Most installations that do not meet the standard are in remote locations or have a reduced population. In urban areas across the US, the local community sets the standard based on geography, availability, etc. IMA was tasked with analyzing the data calls to determine cost estimates to conduct ALS at the installations that currently did not provide that service, IAW the 8 Min/90% standard.

(4) On 22 Aug 06, the IMA and Army MEDCOM met in a work group to discuss the analysis of costs associated with providing ALS care to installations within the 8 minute NFPA standard. IMA's analysis of the available data indicates it would cost approximately \$25.1M more to provide ALS at the installations that lack this service. The analysis also estimated that it should cost up to \$88 million to conduct ALS at the 83 installations pertinent to AFAP 583, however only \$35.7M was reported on the data call responses. It was recommended that MEDCOM Resources Management Directorate provide further financial analysis of EMS costs from Army installations to obtain a more accurate estimate of required costs to conduct ALS. A draft ambulance response time standard for MEDCOM was discussed and presented to the work group. A MEDCOM ambulance response time policy is pending finalization by the OTSG Health Policy and Services Directorate prior to review and signature by the Army Surgeon General. A coordination copy will be provided to IMA for review and comment prior to finalization.

(5) In FY05, there were 80 cardiac arrest responses on Army installations. Cardiac arrests need a defibrillation response within four minutes or survival rate is negligible. The group is finding that it may be more important to have automatic external defibrillator (AED) devices at places Soldiers congregate (gyms, PX, commissary, etc) so lay persons have the ability to defibrillate a person.

(6) DOD is contemplating establishment of a 10 minute standard. Army is considering implementing three standards: an 8 minute, 59 second standard/90 percent of the time and also a rural and a remote standard.

(7) GOSC review. The Jun 06 GOSC requested the issue remain active.

i. Estimated cost.

(1) The Army, Office of The Surgeon General (OTSG) MEDCOM/IMA EMS data call to 83 CONUS installations was conducted to provide information allowing estimation of the cost to provide ALS on all installations within the proposed 8-minute response time. Initial cost estimates for providing ALS within all CONUS installations was determined to be between \$35.7M and \$88M.

(2) Army MEDCOM will comply with a request to complete an additional data call to better define the potential EMS costs delivered by Army military treatment facilities (MTFs).

j. Lead agency. DASG-HSZ

k. Support agency. IMA

Issue 584: Alternate Local Caregiver for the Family Care Plan (FCP)

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 30 Aug 06)

d. Subject area. Family Support

e. Scope. No policy exists to address who should take care of the dependents if the designated caregiver is unavailable due to unforeseen circumstances. Since no FCP temporary alternate local caregiver is required by the current policy, dependents could be subject to legal action, including becoming wards of the state. The results of such action could evolve into a long-term crisis for the Soldier and family, thus interfering with the Soldier's ability to fulfill the mission.

f. AFAP recommendation. Require Soldiers to provide a primary and an alternate interim/temporary local caregiver in their Family Care Plan.

g. Required action.

(1) Staff proposed changes to AR 600-20.

(2) Publish a Rapid Action Revision (RAR) of AR 600-20.

h. Progress.

(1) Validation. The OIF-OEF 06-08 Non-Deployable Report shows a total of 42 Soldiers non-deployable for Family Care Plans out of a total 4411 non-deployables. Mandating an Alternate Local Caregiver for all 57,432 Soldiers with a FCP creates an added administrative burden for Soldiers, Legal Assistance Services and Commanders. Army Child & Youth Services offers care for up to 60 days through their Army Family Child Care Homes, for deployed soldiers. The 60 days can be extended up to a year by Command approval. The best solution to AFAP Issue #584 is to change AR 600-20 to explicitly state that a commander has the ability to require an Alternate Local Caregiver if their risk assessment shows the likelihood of a failed FCP.

(2) Progress.

(a) The requirements of a Family Care Plan are contained within Chapter 5, AR 600-20, Army Command Policy.

(b) Language has been drafted for inclusion in an ongoing Rapid Action Revision of AR 600-20 planned for publication 4th Quarter of FY06.

i. Estimated cost. Additional man-hours for legal assistance, Soldiers and commanders.

j. Lead agency. DAPE-HR-IR

k. Support agency. None

Issue 585: Casualty Assistance for Families of RC Soldiers in Inactive Status

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 11 Aug 06)

d. Subject area. Family Support

e. Scope. Families of Army Reserve component Soldiers are not eligible for casualty assistance unless in an Active Duty/USC Title 10 status at the time of death. Army Regulation (AR) 600-8-1, Casualty Operations, only assigns a Casualty Assistance Officer (CAO) when the Soldier dies on Active Duty/USC Title 10 status. Families of these Soldiers are eligible for certain death benefits. Without the assignment of a CAO, families may be unaware of their rightful entitlements and benefits.

f. AFAP recommendation. Activate Army Reserve Soldiers to serve as CAOs for families of Army Reserve component Soldiers who die in an inactive status.

g. Required action.

(1) Identify funding source for AD orders

(2) Conduct feasibility study with input from NGB and USARC

h. Progress.

(1) Validation.

(a) Per AR 600-8-1, Casualty Operations, a CAO is assigned only when a Soldier dies on Active Duty/US Code Title 10 status.

(b) The expansion of casualty assistance to families of Army RC Soldiers is being staffed for comment at the organizations commanding and or managing the population of Soldiers in question: the National Guard Bureau, United States Army Reserve Command, and the Army Human Resources Command—St Louis to determine the workload and the resources that would be necessary.

(c) Meeting/teleconference tentatively scheduled for 15 SEP 06 with planned participation by ASAM&RA, G1, CMAOC, NGB, and USARC.

(2) GOSC review. The Jun 06 GOSC requested the issue remain active.

i. Estimated cost. Total cost estimate of program will result from feasibility study and a review of historical death rates of Army Reserve Soldiers and Traditional Guardsmen not in a Title 19 status.

j. Lead agency. HRC-PEC

k. Support agency. NGB and USARC

Issue 586: Chiropractic Services for All TRICARE Beneficiaries

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 31 Aug 06)

d. Subject area. Medical

e. Scope. Chiropractic services are not available to all TRICARE beneficiaries, which include retirees, service members and their families. The National Defense Authorization Act of FY01 directed the Secretary of Defense to provide permanent chiropractic services at designated Military Treatment Facilities only for active duty members. Chiropractic service provides non-pharmaceutical and non-surgical treatment options to decrease pain and increase function. This benefit ensures equitable access to chiropractic treatment options for all beneficiaries.

f. AFAP recommendation. Authorize chiropractic services for all TRICARE beneficiaries.

g. Required action. Request the TRICARE Management Activity (TMA) pursue a legislative change to support the Recommendation.

h. Progress.

(1) Validation.

(a) As defined by the Association of Chiropractic Colleges, Chiropractic is "a healthcare discipline, which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery." The practice of chiropractic focuses on the relationship between structure (primarily the spine) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of health. In addition, Doctors of Chiropractic recognize the value and responsibility of working in cooperation with other health care practitioners when in the best interest of the patient.

(b) Though there is no study that validates a medical need for chiropractic services, the Department of Defense Chiropractic Health Care Demonstration Program

concluded that chiropractic services appeared "to have complemented and augmented traditional medical care."

(c) This is an issue of choice for beneficiaries. Research shows that approximately 7% - 10% of Americans seek chiropractic services. Approximately 2% of Active Duty (AD) service members with access to chiropractic services at Army MTFs actually seek chiropractic services.

(2) Legislation.

(a) In the FY95 NDAA, Congress directed the Secretary of Defense to evaluate the feasibility and advisability of offering chiropractic services at MTFs. As a result, the DOD conducted a Chiropractic Health Care Demonstration Program from Aug 95 to Sep 99. During the demonstration, chiropractic services were available to non-pregnant military beneficiaries over the age of 17 at thirteen MTFs. The Army supported five demonstration sites: Forts Benning, Carson, Jackson, Sill, and Walter Reed.

(b) The Final Report to Congress on the Chiropractic Health Care Demonstration Program (Feb 01) stated that although implementing chiropractic services within the DOD was feasible, it was not advisable. Full implementation of chiropractic services for military beneficiaries would "most likely require reducing or eliminating existing medical programs that are already competing for limited Defense Health Program Dollars."

(c) In the FY01 NDAA, Congress directed the Secretary of Defense to provide chiropractic services at designated MTFs for AD service members. Today, the DOD provides chiropractic services at 42 MTFs, 17 of which are Army (Forts Benning, Carson, Jackson, Sill, Drum, Meade, Bragg, Stewart, Gordon, Knox, Leonard Wood, Hood, Bliss, Lewis, Walter Reed and Schofield Barracks).

(d) Congress proposed bills in 2003 and 2005 to expand the chiropractic benefit to all TRICARE beneficiaries, not just AD Service Members. Both years, the expanded benefit was not included in the NDAA.

(e) The Army, OTSG is in the process of providing to the TRICARE Management Activity (TMA) a request for a legislative proposal to support access to TRICARE covered chiropractic services for all eligible military beneficiaries.

i. Estimated cost. In Feb 04, Kennell and Associates conducted a cost estimate to support provision of chiropractic services to non-AD beneficiaries. The gross annual cost was estimated at \$175M annually. This cost estimate is in addition to the \$12M in Defense Health Program dollars expended annually to provide chiropractic services to Active Duty service members in compliance with the FY01 NDAA. Congress did not appropriate funds for this benefit.

j. Lead agency. DASG-HSZ

k. Support agency. TMA

Issue 587: Employment Opportunities for Military Affiliated Teens

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 12 Sep 06)

d. Subject area. Youth

e. Scope. A significant number of military affiliated teens are unable to secure employment within installations and

surrounding communities. Employment opportunities such as MWR summer positions, Commissary baggers, Student Temporary Employment Program (STEP), and AAFES food vendors, which are eligible to be filled by teens are filled by other demographics. Employment Preference for teens would initiate a work history/experience and allow for exploration of career options and future employment; making teens competitive with their civilian counterparts.

f. AFAP recommendation. Establish a Military Teen Employment Preference Program.

g. Required action.

(1) Continue research to identify potential employment sources for military affiliated teens.

(2) Partner with Army Community Services, Family Member Employment Assistance Program (FMEAP) which includes counseling services for teens.

(3) Explore with other services interest in legislation on employment preference for teens.

h. Progress.

(1) Validation.

(a) DoD affords teen family member preference for employment overseas to include an overseas Summer Employment Program for youths 14-23 years of age.

(b) Legislation would be required to afford family members the same preference as military spouses. Any changes must remain consistent with basic merit principles of 5 U.S.C. and comply with veteran's preference requirements, affirmative action principles and diversity objectives.

(2) Progress.

(a) Researching Federal employment opportunities for military affiliated teens.

1. Volunteer Opportunities

2. Overseas Commands have Summer Employment Programs

3. Expanded posting of student job opportunities on the Military Teen Website

(b) Coordinating with the other Services (Air Force, Navy, etc.) regarding interest in development of a DoD-wide program. The DOD currently gives preference to family members for employment overseas.

i. Estimated cost. Accomplishing recommendation will require one man-year cost.

j. Lead agency. DAPE-CP-PPE

k. Support agency. None

Issue 588: Family Servicemembers' Group Life Insurance Premiums for Dual Military

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Entitlements

e. Scope. Service members' spouses are automatically enrolled in Family Service Member's Group Life Insurance (FSGLI). Some members who are not enrolled as a spouse in DEERS, like dual military, are not automatically charged monthly premiums by the Defense Finance and Accounting Service (DFAS). When the error is detected, these service members are retroactively charged premiums from the date of eligibility. Families incur a large, unexpected debt through no fault of their own.

f. AFAP recommendation. Identify service members affected by FSGLI automatic enrollment and initiate auto-

matic deduction of premiums; approve blanket reimbursement of back premiums paid by the service member or waiver of retroactive FSGLI premiums for affected service members; mandate a continuous educational process which addresses FSGLI automatic enrollment.

g. Required action.

(1) Obtain legal opinion on viable options available to Army Leadership.

(2) Obtain Army Leadership's decision to waive back Premiums/Require Soldier's to pay.

(3) Obtain Army OGC legal opinion.

(4) Obtain Army leadership approval on Army's notification and collection plan and Army's education plan.

(5) Execute notification and collection plan while simultaneously publishing education plan.

(6) Complete notification and collection plan.

h. Progress.

(1) Validation. This issue must be addressed because it is not only an Army issue but an issue across DOD. As soon as the Army Leadership decides on a viable option, aggressive action will be taken to execute this decision.

(2) Progress.

(a) Through coordination with USD Reserve Affairs and the Defense Manpower Data Center (DMDC), Soldiers who potentially owe back premiums have been identified. DMDC created a data base that identified Soldiers whose marital status in DEERS does not match their marital status in the total Army Personnel Data Base (TAPDB). We refer to this data base as the mismatch data base. Once we gain approval to do so by Army Leadership, part of Army's execution plan is to contact all Soldiers on the data base to ensure they have their spouses properly enrolled in DEERS. Proper enrollment in DEERS triggers FSGLI premium deduction.

(b) Per legal opinions rendered by Department of Defense Office of General Counsel (OGC), Army OGC, and Army OTJAG, the Army has no authority to issue a blanket waiver to forgive the debt of unpaid premiums for Soldiers. Therefore each Soldier must pay the back premiums they owe and Army needs to take steps to ensure the premiums are paid. OTJAG also indicated Soldiers owing back premiums are allowed to individually file for waiver of debt for back premiums. Filing is no guarantee that the debt will be forgiven.

(c) Army has an education plan prepared and as soon as it is approved by the Army leadership, it will be sent out to the field as an All Army Message. This message clearly details what Commands and Soldiers are responsible for doing to comply with the rules and requirements of the FSGLI program.

(d) Notification and collection plan entails the following:

1. Each Major Army Command (MACOM) appoints an action officer (AO) to work with the HQDA action officer.

2. All AOs are provided a copy of the mismatch data bases, one for active duty, one the National Guard, and one for the Army Reserves.

3. Each MACOM AO is responsible for ensuring all Soldiers within their command found on the mismatch data base are contacted and advised to ensure all their dependents to include their spouse are enrolled in DEERS.

4. Each MACOM AO reports to the Army Opera-

tions Center when all of their Soldiers found on the data base have properly updated their dependents data in DEERS.

(e) Education plan involves publishing the All Army Message describing the plan and following up on the plan to ensure it is executed.

(f) Action is currently being staffed to obtain Army leadership approval.

i. Estimated cost. Assuming blanket forgiveness is option selected by Army Leadership, estimated cost to Army may approach \$15 million.

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 589: Funding for Barracks Sustainment, Restoration, and Modernization

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 14 Aug 06)

d. Subject area. Housing

e. Scope. There is no committed funding under Sustainment, Restoration and Modernization (SRM) for Barracks. Once HQDA apportions the funds to IMA/MACOMS, Garrison Commanders prioritize facilities maintenance sustainment based on the current condition of the entire garrison's real property inventory against the amount of funds approved for the installation. This leads to a percentage of barracks receiving a lower allocation of SRM funding. Due to insufficient SRM funding levels, Soldiers are forced to live in barracks that are not meeting basic living conditions.

f. AFAP recommendation. Fence the appropriated SRM funding for barracks.

g. Required action.

(1) Conduct comprehensive review of FY06 UPH SRM execution.

(2) HQDA must direct and monitor a stringent focused funding strategy for barracks to ensure funding programmed for barracks SRM is spent on barracks.

(3) Execute Lean Six Sigma on Centralized Barracks Management (CBM).

h. Progress.

(1) Validation. DOD uses Facility Sustainment Modeling to determine the facilities Operations and Maintenance, Army (OMA), SRM requirement and subsequently programs 90% of the requirement through standard budget processes. In the past, the annual Defense Appropriations Act has not provided adequate funding for both the requested Base Operations Support (BOS) and the Installation Management Agency (IMA) has historically transferred funding from SRM to fund critical requirements in their BOS accounts.

(2) In Jan 05, The Secretary of the Army approved the Holistic Barracks Strategy that directed stringent oversight for focused facility sustainment funding for barracks to begin in fiscal year 2006. This strategy also established the common living standard for barracks to ensure Commanders do not require Soldiers to live in barracks that do not meet health, life and safety requirements.

(3) In FY06, Accounting Program Element (APE) codes were established to track SRM expenditures on barracks facilities. In FY07, it is anticipated SRM funds for all categories will be fenced. HQIMA, ARSTAF and the Army Secretariat are establishing policy and procedures

to focus central management and sustainment of barracks. OACSIM has identified a Lean Six Sigma project on CBM to facilitate this business transformation.

i. Estimated cost. The FY06 funding requirement for UPH SRM (90% of requirement) (excluding Army Lodging) is \$438.4M; Active Army \$382.6M, Army Reserve \$13.8M, ARNG \$42.0M. In FY06, the IMA funding memorandum directed Garrisons give priority to Training Barracks Improvement Plan (T-BIP) projects, flagship projects, other "worst-hurt" projects, and essential day to day sustainment operations necessary to keep the infrastructure in serviceable condition.

j. Lead agency. DAIM-FD-UPH

k. Support agency. IMA

Issue 590: Health Processing of Demobilizing Army Reserve Component Soldiers

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Medical/Command

e. Scope. Army Reserve Component (RC) Soldiers demobilizing through a Power Projection Platform (PPP) are not required to have a comprehensive physical or psychological examination. The RC Soldier only completes a screening questionnaire of physical and psychological health, followed by an interview and assessment by a medical professional; therefore, physical and psychological problems are missed at the PPP. Military resources available after release from active duty are often inaccessible, limited, and may not address symptoms missed at the PPP, which unfairly places the burden of care on the Soldier and family, and negatively impacts a Soldier and family's reintegration.

f. AFAP recommendation. Mandate comprehensive physical and psychological examination of demobilizing RC Soldiers at the PPP accompanied by appropriate follow-up care.

g. Required action.

(1) Develop and staff Army implementation plan for Post-Deployment Health Re-Assessment.

(2) Implement Post-Deployment Health Re-Assessment Program.

(3) Disseminate Assistant Secretary of Defense (Health Affairs) (ASD (HA)) policy guidance on separation physical examinations and assessments.

(4) Monitor referral rates for behavioral health and physical health conditions.

h. Progress.

(1) Validation. Army is currently working in various venues to address these concerns and healthcare requirements. The Post-Deployment Health Assessment has been in place since early in the war. The Post-Deployment Health Re-Assessment (PDHRA) is a new program to address both physical and psychological needs of Soldiers after demobilization.

(a) With these programs and others discussed below, US Army Soldiers are currently receiving screening and evaluation in an unprecedented manner. To mandate another comprehensive psychological and physical evaluation in the absence of any symptoms is not good medicine. There would be too many false positive findings, which would lead to unnecessary and intrusive interventions. Also, it would be extremely resource inten-

sive. Those resources are better used for screening and caring for Soldiers.

(b) In 2002, the Armed Forces Epidemiological Board (AFEB) highlighted that routine physical examinations for persons without symptoms has never proven to extend life or decrease illness or discomfort. Medical evidence supports health screening and the provision of targeted clinical preventive services as more beneficial in improving and maintaining health. There are numerous screens and programs already implemented which are working well to detect and treat Soldiers with physical or psychological complaints.

(2) Progress.

(a) The Army is committed to ensuring all returning veterans receive the physical and behavioral healthcare they need. An extensive array of mental health services has long been available. Since 9/11, the Army has augmented behavioral health services and post-traumatic stress disorder (PTSD) counseling, especially at the PPPs. We anticipate a continued high demand for services, and we are committed to providing the necessary resources to respond.

(b) On 10 Mar 05, the ASD (HA) directed an extension of the current Post-Deployment Health Assessment Program to provide a Post-Deployment Health Reassessment (PDHRA) of global health with a specific emphasis on mental health. The PDHRA screening program is in the implementation phase Army-wide for Active Component (AC) and RC Soldiers deployed to a combat zone 90 to 180 days post-deployment.

(c) In Oct 05, the OASD (HA) published policy guidance on separation physical examinations. This DOD guidance mandates a separation physical examination and assessment (to include demobilizing RC Soldiers) that is individualized to address any identified health issues, is gender- and age-specific, and incorporates the U.S. Preventive Service Task Force (USPSTF) recommendations for appropriate clinical preventive services. OTSG is presently staffing implementing guidance for the Army. The PDHRA provides screening for global and behavioral health issues.

(d) The DD Form 2796, Post Deployment Health Assessment, is currently in use to screen for physical complaints, PTSD, major depression, concerns about family issues, and concerns about drug and alcohol abuse. The primary care provider reviews the form, interviews the Soldier as required, determines the need for a physical examination, and refers the Soldier to a behavioral healthcare provider or specialty providers as required. The primary care provider may make referrals to on-site counselors or to military treatment facilities. Current data shows that 24% of returning Service Members receive referrals for mental health concerns.

(e) There is a robust combat and operational stress control presence in theater, with over 200 deployed behavioral health providers. Mental health assessment team reports have demonstrated the success of these efforts.

(f) As part of the reintegration process, Soldiers are briefed on what stressors to expect on homecoming; the common symptoms of post-deployment hyper-arousal and friction; ways to ameliorate these symptoms; how to recognize when further professional help is needed; and how to access treatment services. Each demobilization

site has care managers who manage the behavioral health aspect of care and ensure behavioral health referrals are made.

(g) Surveys of Soldiers deployed during Operation Iraqi Freedom indicate that approximately 15-17 percent will report symptoms of PTSD and nearly 23 percent will experience other behavioral health problems. All Soldiers redeploying from overseas are required to complete the Post Deployment Health Assessment (DD Form 2796) before leaving theater.

(h) The Transition Assistance Management Program (TAMP) is available and provides 180 days of TRICARE coverage (including cost shares) for RC members the same as for Active Duty family members. This coverage applies when the member's Active Duty service was in support of a contingency operation for more than 30 days.

(i) The PPPs have been augmented with care managers who are assigned to our military treatment facilities. The care managers support other healthcare providers in offering counseling to our Soldiers and family members.

(j) The Army Surgeon General's (TSG's) concept of Mental Health Reset builds upon the Combat and Operational Stress Control (COSC) Program in theater, as well as current behavioral health education, outreach, and treatment at CONUS facilities. It operates in conjunction with the Deployment Cycle Support (DCS) Program and the Army's Suicide Prevention Program. The three phases of behavioral health reset include Decompression, Re-integration, and Readiness Reset.

(k) The Military One-Source program offers 24/7/365 telephonic support and availability of referrals for six or more no-cost confidential counseling sessions for Soldiers and their family members.

(l) Psychological support to wounded Soldiers and families at the Community Based Health Care Organizations (CBHCOs) has been expanded, to include screening for PTSD.

(m) OTSG will monitor referral rates as implementation of PDHRA continues. OTSG will also monitor implementation of the individualized physical examination guidance, per ASD (HA) policy.

(3) GOSC review. The Jun 06 GOSC requested the issue remain open. VCSA stressed value of having behavioral science and combat stress teams downrange and the necessity for leaders to look for signs so we can fix them.

i. Estimated cost. The Army requested \$60M for FY07 in the Global War on Terrorism (GWOT) Defense Health Program (DHP) Supplemental to cover PDHRA implementation for all Army Components.

j. Lead agency. USAR, ARNG, DASG-HSZ

k. Support agency. None

Issue 591: Military Spouse Preference Across All Federal Agencies

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 12 Sep 06)

d. Subject area. Employment

e. Scope. The Department of Defense is the only Federal agency required to utilize Military Spouse Preference (MSP) in their hiring practices. Title 5, United States

Code, Chapter 33, Subchapter I- Examination, Certification, and Appointment does not restrict Federal agencies from using Military Spouse Preference in their hiring practices. Expanding the use of MSP to other Federal agencies increases employment opportunities for military spouses. Employment throughout the Federal agencies would enable military spouses to maintain a career and promote family and financial stability.

f. AFAP recommendation. Require all Federal agencies to utilize Military Spouse Preference in their hiring practices.

g. Required action. Legislation initiated.

h. Progress.

(1) Validation. All Federal agencies have the authority to hire Military Spouses through Merit Promotion Procedures; currently, DOD is the only agency that mandates the use of MSP. To mandate the use of MSP across all Federal agencies, an Executive Order (E.O.) and/or other legislation would have to be issued.

(2) Legislation.

(a) Legislation was enacted on 12 Jul 05 (TITLE 10, Subtitle A, PART II, CHAPTER 88, SUBCHAPTER I, 1784 (e), Employment opportunities for military spouses) which requires that the Secretary of Defense shall work with the Director of the OPM and the heads of other Federal departments and agencies to expand and facilitate the use of existing Federal programs and resources in support of military spouse employment.

(b) Civilian Personnel Management Service at DOD is currently working with the Human Capital Division at OPM addressing the expansion of the MSP program throughout the Federal government.

(c) A Unified Legislation and Budgeting (ULB) document mandating that all Federal agencies utilize Military Spouse Preference in their hiring practices has been prepared for submission during the next ULB cycle.

(3) GOSC review. The Jun 06 GOSC requested the issue remain active.

i. Estimated cost. All Federal agencies would have the responsibility of tracking the MSP program. Office of Personnel Management (OPM) would be responsible for oversight of the MSP program by identifying the training, reporting and audit requirements. The associated cost with any automation requirements will be determined at a later date.

j. Lead agency. DAPE-CP-PPE

k. Support agency. None

Issue 592: Post Secondary Visitation for OCONUS Students

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 1 Aug 06)

d. Subject area. Education

e. Scope. OCONUS high school students incur greater travel expenses to visit post secondary schools than CONUS based students. Although many informational resources are available, on-site visits afford students the opportunity to make the most informed decision. Upon arrival at the CONUS point of entry, OCONUS families will assume comparable travel expenses to those of CONUS families. Minimizing the disparity in travel expenses will decrease the financial burden to OCONUS families.

f. AFAP recommendation. Authorize a one-time round trip airfare to a CONUS point of entry for OCONUS students, who have been accepted to a post secondary school, and one guardian.

g. Required action.

(1) Proposed change to the JFTR and US Code to support this initiative will be sent to the Military Advisory Members (MAP) of the Per Diem, Travel and Transportation Allowance Committee for review and comment before any legislative action on the initiative is taken through the ULB process.

(2) Proposed ULB submitted for FY09A ULB Summit. Will monitor progress through the legislative process.

h. Progress.

(1) Validation. There are extensive amounts of information/pictures/virtual tours and resources online through the Internet for parents and students to use to assess prospective dormitory schools, colleges, universities and vocational schools. Additionally, OCONUS DODDS high school councilors/ administrators have extensive resources at their disposal on CONUS colleges etc. that can assist students/parents in selecting a prospective college for their children.

(2) Legislation. Implementation of this initiative would require a change in law after gaining support from the other Services, OSD and Congress.

i. Estimated cost. Approximate cost based on the number of high school seniors enrolled in OCONUS DODDS schools (Europe-1853, Pacific-965) 2818 x 2 (student/parent) = 5,636 and air fare costs (\$1000 per person to East or West Coast) = \$5,636,000.

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 593: Relocation of Pets from OCONUS

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Relocation

e. Scope. The cost of transporting a pet from OCONUS is often a factor in the decision to ship the pet during a Permanent Change of Station (PCS). As a result of Base Realignment and Closure (BRAC) and the Integrated Global Presence and Basing Strategy (IGPBS) (the re-stationing of Soldiers and families from OCONUS), there are a significant number of Soldiers and families with pets returning from OCONUS. Pets are often a vital part of military families and being put in the position of having to make the decision to keep a pet because of a PCS impacts quality of life. Abandoning pets in an OCONUS location reflects poorly on the American military.

f. AFAP recommendation. Authorize a one-time reimbursement to ship one pet from OCONUS as a result of BRAC and/or IGPBS.

g. Required action.

(1) Submit request to OSD for a review of DLA entitlements to determine whether pet shipment costs can be included as a reimbursable expense.

(2) Submit a ULB in Sep 07 requesting one-time reimbursement is implemented to ship one pet from OCONUS as a result of BRAC and/or IGPBS initiatives.

h. Progress.

(1) Validation.

(a) Comptroller General of the United States opined

that there was no authority to ship animal pets under the authority/statute for the transportation of household goods and OTJAG opined that there was no authority in statute to classify pets on PCS orders like a dependent.

(b) Discussions with the other Service representatives to the Per Diem Travel and Transportation Allowance Committee on pet shipment reimbursement garnered no support.

(2) Progress.

(a) A review of applicable regulatory publications on Soldier PCS entitlements indicates that there are no references to pet transportation/ shipment reimbursement in any United States Code, Department of Defense Directive/ Instruction (DODD/DODI) or Army Regulation.

(b) Discussions with OSD concerning a one-time reimbursement for pet shipment from OCONUS as a result of BRAC and/or Internal Global Positioning Base Systems (IGPBS) indicate that they will not support this initiative.

(c) Submitted proposed ULB for the FY09A Summit.

i. Estimated cost. \$1.2M annually.

j. Lead agency. DAPE-PRC

k. Support agency. G-4, OCLL, OTJAG, M&RA

Issue 594: TRICARE Dental Program (TDP) Enrollment Requirements for the RC

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 14 Sep 06)

d. Subject area. Dental

e. Scope. Reserve Components called to Active Duty in support of military contingency operations who enroll their family in the TRICARE Dental Program (TDP) after thirty days of the Active Duty start date, cannot terminate coverage until they meet the twelve-month enrollment period. In accordance with 32 CFR 199.13, upon the service member's release from active duty, the Department of Defense stops their 60% contribution, which obligates the service member to pay the full premium. The change in status results in an unplanned financial burden to the service member and the family for the remainder of the twelve-month enrollment period.

f. AFAP recommendation. Eliminate the 30-day window for enrollment and allow the option to disenroll or pay the Reserve rate upon release from active duty.

g. Required action.

(1) Consult with TRICARE Management Activity (TMA) on recommendations; confirm current TDP contract status.

(2) Request that TMA pursue a legislative change to eliminate the 30-day enrollment requirement.

(3) Prepare/forward Memo to HQ, National Guard Bureau/ Reserve Command on TDP education requirement on enrollment.

h. Progress.

(1) Validation. The current enrollment requirement is set by regulation 32 CFR 199.13 upon release from Active Duty (AD). The AD family members pay a reduced premium rate. This rate is significantly less than the Reserve rate.) Presently, all members of the Selected Reserve (SELRES) and Individual Ready Reserve (IRR) are required to be briefed by their units regarding enrollment requirements and options. Soldiers are made aware that

enrollment is voluntary, and that they must enroll in the TRICARE Dental Program within the first 30 days of activation in order to have the option to disenroll and not to be contractually obligated to keep the policy for at least 12 months. They also understand that if they accept the TDP or were already enrolled prior to activation, once they are released from Active Duty, the premium rates they will pay will be that of a Reserve member.

(2) Progress.

(a) The current enrollment requirement is set by regulation, 32 CFR 199.13. Enrollment in the TDP is voluntary. Members of the SELRES IRR are not required to enroll in the TDP nor are they required to enroll their family members. Once a Reservist is called or ordered to Active Duty for more than 30 days, he/she is no longer eligible for the TDP. If the Reservist is not eligible, he is still not obligated to enroll his family members in the program. Per TMA, in order to change 32 CFR 199.13, there would have to be a change in statute.

(b) To be eligible for the TDP, the Sponsor must have at least 12 remaining months (single status or uninterrupted combination of Active Duty) on his service commitment upon enrollment. But if he meets all of the requirements, he can voluntarily enroll his family in the program for a 12-month minimum enrollment requirement. If the Sponsor enrolls his family in the TDP within the first 30 days of activation for certain contingency operations, the 12 month minimum enrollment may be waived once released from AD. If the sponsor enrolls in the TDP after the first 30 days, he understands that he is making a 12 month commitment to the TDP regardless of status (Active/Reserve) and is responsible for the payment of the monthly fees.

(c) If a Sponsor and his family are enrolled in the TDP prior to his being called or ordered to Active Duty, the Sponsor will be disenrolled and the family will convert to the Active Duty family rates until the completion of the Active Duty service. Once released from Active Duty, the Sponsor will be re-enrolled in TDP and will revert back to paying the Reserve member fees for the Sponsor and the family members.

(d) Reserve Component (RC) FMs enrolled in the TDP are responsible for the full premium. When the RC sponsor is on AD for more than 30 days, the FMs' share of the premium cost is reduced to 40% and the government pays 60%.

(e) The current TDP provides benefit advisors that will travel to various locations and provide briefings and written information on the current benefits to eligible beneficiaries. Staffs can contact the regional office of United Concordia Companies, Inc. (The TDP contractor) to arrange for sessions to educate unit liaisons to help provide necessary and adequate information to Soldiers to ensure awareness of the benefits to which they and their families are entitled.

(f) TMA considers changing the enrollment requirements unrealistic as it would cause the premiums to increase dramatically, thus does not support a legislative change. TMA recommends that individuals should be well informed of the small enrollment window and the need to follow the directions as explained in the enrollment section of the TDP booklet and website. Army, OTSG will prepare/ forward correspondence to Reserve Commands reiterating the requirement for RC Unit com-

manders to educate their Soldiers on current TDP enrollment requirements.

i. Estimated cost. A cost analysis is not available at this time.

j. Lead agency. DASG-DC, Army OTSG

k. Support agency. TMA

Issue 595: Wounded Soldier Updates

a. Status. Active

b. Entered. AFAP XXII, Jan 06

c. Final action. No (Updated: 14 Nov 06)

d. Subject area. Family Support

e. Scope. Army families are experiencing difficulty obtaining timely and accurate updates on their wounded Soldiers. Communication breakdowns and information delays occur between the time of injury and arrival in CONUS. Rear Detachments have limited involvement in the current system. The lack of timely and accurate information causes undue stress on both family members and Soldiers.

f. AFAP recommendation. Appoint a trained rear detachment person as a local point of contact for families of wounded Soldiers, and create a staffed toll-free number for tracking and updating information on the Soldiers' status from war zone to CONUS.

g. Required action.

(1) The Casualty and Mortuary Affairs Operations Center (CMAOC) now communicates with rear detachments directly after coordinating with the Casualty Assistance Center.

(2) CMAOC amended AR 600-8-1, Casualty Operations, to reduce the time that unit rear detachments have to make notification of a wounded in action Soldier from 4 hours to 2 hours.

(3) By having CMAOC coordinate directly with the rear detachments and reducing the allowable notification time frame, the time frame that families must wait for direct contact with CMAOC has been minimized.

(4) Require unit rear detachments that make notification to pass the CMAOC WIA toll-free number to the family.

h. Progress.

(1) Validation. This action is a valid concern, requires minimum additional resourcing, and will have a positive effect on Army families of wounded Soldiers, if implemented.

(2) Progress. Casualty Operations Division (COD) maintains visibility over each reported Soldier patient's movement and status in order to make notification to next of kin, provide updates, and to move and maintain family at bed side. COD commences over watch and monitoring of Soldier patients at point of reporting and ends when the Soldier becomes an out patient, is transferred to a Veterans Affairs or specialty medical center (for long term care) or passes. In order to accomplish this mission, COD has embedded LNO's at the major Army medical centers to provide visibility of patient Soldiers and their families.

(3) Movement is tracked through reports from the shipping treatment facilities using the Joint Patient Tracking Application (JPTA) and TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES).

(4) COD has direct contact with the rear detachments to notify the family if that is the rear detachment's choice.

COD begins over watch at the point of reporting and ends when the Soldier becomes an outpatient or is transferred to a VA or specialty medical center for long term care.

(5) COD has a wounded in action toll-free number for families and calls the next-of-kin once a day regarding the status of a Soldier that is listed as seriously injured and three times a day when a Soldier is listed as very seriously injured to provide medical updates and movement plans.

(6) GOSC review.

(a) Jun 06. The GOSC requested the issue remain active to identify the system that tracks wounded Soldiers and how information about their condition and location is passed to family members. GOSC members noted that there should be a clearing house to track Soldiers as they move from battlefield through the medical system.

(b) Nov 06. The issue was recommended for completed status, but the DAS directed that it remain active. The DAS acknowledged that the COD is the "one voice" to provide updates on the status of wounded Soldiers and assistance to their families, but asked that the issue focus on how to best inform the rear detachment of what is being told to the family. He noted that they may be interjected into the process at any time and recognized that they have a genuine interest in the status of the Soldier.

i. Estimated cost. None.

j. Lead agency. AHRC-PEC

k. Support agency. None

Issue 596: Convicted Sex Offender Registry OCONUS

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Family Support

e. Scope. The OCONUS population is not afforded the same information about convicted sex offenders as personnel stationed in CONUS. No OCONUS registry of convicted sex offenders with a Department of Defense Identification/Installation Access Card exists, thereby denying overseas community members the ability to identify a potential risk of harm to the community. Overseas personnel are more vulnerable to potential assaults by convicted sex offenders.

f. Conference Recommendations.

(1) Establish a searchable convicted sex offender registry comparable to CONUS registries and make it available to the military community.

(2) Require all convicted sex offenders who reside OCONUS and are authorized a Department of Defense Identification/Installation Access Card to register with the installation Provost Marshal Office and be entered into a registry system

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. DAPE-HR

j. Support agency. To be determined.

Issue 597: Co-Pay for Replacement Parts of Durable Medical Equipment (DME) and Prosthetics

- a. Status.** Active
- b. Entered.** AFAP XXIII, Nov 06
- c. Final action.** No
- d. Subject area.** Medical
- e. Scope.** TRICARE beneficiaries pay up to 25 percent co-pay for replacement parts for DME and prosthetics. DME is necessary equipment (e.g., hospital bed, respirator, and wheel chair), purchased or rented for use in the treatment of an injury or illness. Examples of replacement parts would include custom-made equipment such as a wheel chair seating system or a socket for a prosthetic limb. These items can run in the thousands of dollars and the required co-pay is creating a financial hardship for TRICARE beneficiaries.
- f. Conference Recommendation.** Eliminate Co-Pay for replacement parts of DME and prosthetics.
- g. Required action.** The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.
- h. Progress.** Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.
- i. Lead agency.** DASG-HSZ
- j. Support agency.** To be determined.

Issue 598: Education Regarding Living Wills and Healthcare Powers of Attorney (HPOA)

- a. Status.** Active
- b. Entered.** AFAP XXIII, Nov 06
- c. Final action.** No
- d. Subject area.** Force Support
- e. Scope.** Due to the nature of injuries or medications, not all wounded Soldiers are able to make medical decisions and those decisions fall to family members. Frequently there is confusion regarding wishes of the Soldier and identification of the agent for healthcare decisions if there is no Living Will or HPOA. There is no standardized training that provides information to the Soldier regarding the Living Will and HPOA. Education is needed to adequately inform and prepare the Soldier and their families for the potential importance of Living Wills and HPOA. The well informed family member will be better prepared to make decisions regarding medical treatment of the Soldier.
- f. Conference Recommendations.**
 - (1) Develop a multi-language, multi-media family education program in layman's terms on Living Wills and HPOAs, to be widely available to all Soldier's families in places such as, but not limited to: Military One Source, Better Opportunities for Single Soldiers (BOSS), My Army Life Too.com, Family Readiness Groups and Army Community Service (ACS).
 - (2) Use Soldiers and family members as spokespersons in all prepared media.
 - (3) Require a standardized training, separate from the predeployment briefing, to inform Soldiers of the importance, effect, and impact of a Living Will and HPOA.
- g. Required action.** The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.
- h. Progress.** Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.
- i. Lead agency.** DAJA-LA
- j. Support agency.** To be determined.

Issue 599: Enlisted Promotion Points Submission

- a. Status.** Active
- b. Entered.** AFAP XXIII, Nov 06
- c. Final action.** No
- d. Subject area.** Force Support
- e. Scope.** Army policy (AR 600-8-19, paragraph 3-23) prevents Soldiers from updating their promotion points as they are accumulated. Current rules on point submission potentially disadvantage the best qualified Soldiers from promotion. With the implementation of the Defense Integrated Military Human Resources System (DIMHRS), Soldiers will have a real time promotion score thus eliminating this as an issue. However, DIMHRS is not scheduled for implementation until FY08. By reducing the point submission requirement as an interim measure, Soldiers will have an avenue to increase their promotion score in order to be more competitive for selection.
- f. Conference Recommendation.** Lower the administrative reevaluation submission requirements to 10 points.
- g. Required action.** The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.
- h. Progress.** Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.
- i. Lead agency.** DAPE-MP
- j. Support agency.** To be determined.

Issue 600: Family Care Plan (FCP) Travel and Transportation Allowances

- a. Status.** Active
- b. Entered.** AFAP XXIII, Nov 06
- c. Final action.** No
- d. Subject area.** Entitlements
- e. Scope.** Soldiers requiring activation of Family Care Plans (FCP) are not compensated for the travel of dependents and shipment of the dependent's household goods. Selected household goods; such as infant equipment, computers and personal comfort items, are necessary for the emotional and physical well being of the DEERS dependent(s) in their new environment during an already stressful time. Implementation of Soldier's FCP should not create additional financial hardship and emotional stress on the Soldier and family.
- f. Conference Recommendations.**
 - (1) Authorize funded travel for DEERS dependent(s) to FCP designated location for deployments greater than 179 days.
 - (2) Authorize funded shipment of household goods limited to 350 pounds weight allowance per DEERS dependent to FCP location for deployments greater than 179 days.
- g. Required action.** The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.
- h. Progress.** Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.
- i. Lead agency.** DAPE-PRC
- j. Support agency.** To be determined.

Issue 601: Full Compensation for Uniform Changes

- a. Status.** Active
- b. Entered.** AFAP XXIII, Nov 06
- c. Final action.** No

d. Subject area. Force Support

e. Scope. The current Office of the Secretary of Defense policy does not fully compensate Enlisted and Officers for purchase of newly mandated clothing bag items. Over the past six years, the Army has changed the Physical Fitness Uniform, the Battle Dress Uniform, and the Army Service Uniform. Enlisted Soldiers Clothing Replacement Allowance (CRA) does not fully cover the transition cost of clothing bag items. Officers do not receive any compensation for newly mandated uniforms. For example, Soldiers are required to have four Army Combat Uniform (ACU) by the mandatory possession date (1 May 08). Only enlisted Soldiers are funded for two per year. The estimated six month wear out date of the ACU prevents Soldiers from acquiring and maintaining four serviceable uniforms without incurring an out of pocket expense. Each newly mandated uniform change causes additional expenses for Soldiers and families.

f. Conference Recommendation. Create a supplement, in addition to the existing CRA and the one time Officer entitlement, which will provide full compensation to all Enlisted and Officers in the procurement of newly mandated clothing bag items.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. DALO-SMT

j. Support agency. To be determined.

Issue 602: Medical Malpractice Compensation for Service Members

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Medical

e. Scope. The interpretation of the Feres Doctrine prohibits active duty service members from seeking additional financial restitution from the federal government in cases of medical malpractice. Service Members on active duty receive free medical care and a comprehensive disability retirement plan, but the compensation for medical malpractice does not include payment for pain and suffering, loss of consortium, or punitive damages. Injuries resulting from medical negligence cause severe physical and financial hardship to the service member which impacts the service member's quality of life.

f. Conference Recommendation. Create a malpractice claim process for service members which provides financial compensation in addition to, not in lieu of, benefits and entitlements, similar to the process available to family members.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. MCJA

j. Support agency. To be determined.

Issue 603: Reserve Component (RC) Combat Stress Related Reintegration Training

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Medical/Command

e. Scope. RC service members (SM), families and communities do not receive a consistent standardized method of reintegration training dealing with combat related stress. RC SM, their families and communities are not aware of the symptoms and severity of Post Traumatic Stress Disorder (PTSD) or Combat Stress Disorder (CSD) and therefore do not seek access to care. Adequate funding is not earmarked to provide standardized combat stress related reintegration training in a timely manner upon returning from a deployment. Untreated PTSD or CSD is devastating to the Soldier, the family and the community.

f. Conference Recommendations.

(1) Earmark funds to provide standardized combat stress related reintegration training for the RC.

(2) Standardize combat stress related reintegration training for RC SM, families and communities throughout the reintegration process to ensure family participation.

(3) Mandate and document combat stress related reintegration training for all RC SM returning from deployment.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. DASG-HSZ

j. Support agency. To be determined.

Issue 604: Retroactive Traumatic Service Members Group Life Insurance (TSGLI) Compensation

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Entitlements

e. Scope. Soldiers with qualifying injuries in non-combat related accidents occurring between 7 Oct 2001 – 30 Nov 2005 do not receive retroactive TSGLI compensation. Soldiers injured in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) during the same time period have been retroactively compensated. Public Law 109-13, 1 Dec 2005, authorizes all Soldiers to receive the same TSGLI compensation regardless of the location of the accident. This is an inequity for injured Soldiers and their families.

f. Conference Recommendation. Provide retroactive TSGLI compensation to Soldiers with qualifying injuries occurring between 7 Oct 2001 – 30 Nov 2005 consistent with Soldiers injured in OIF and OEF.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. DAPE-PRC

j. Support agency. To be determined.

Issue 605: Table of Distribution and Allowance (TDA) Position for Garrison Better Opportunities for Single Soldiers (BOSS) Program

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Force Support

e. Scope. There is no Table of Distribution and Allowance (TDA) position for the Better Opportunities for Single Soldiers (BOSS) president at the Garrison level. Department of the Army Circular 608-06-1 does not standardize requirements for filling a BOSS president position. Without a fulltime BOSS president on the TDA, the total quality, success, and participation of this program are diminished.

f. Conference Recommendations.

(1) Establish a requirement for a full time BOSS president position on the TDA for each Garrison as a two year tour.

(2) Require the senior mission Commander to assign the selected Soldier to the authorized TDA position.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. IMWR-CR-B

j. Support agency. To be determined.

Issue 606: Temporary Lodging for Single Service Members with Partial Custody/ Visitation

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Housing

e. Scope. Single Service Members who have partial custody/visitation of their children for less than 181 days per year are not authorized family (alternative) housing. In accordance with DoDI 4165.63M, single Service Members are not authorized to obtain a confirmed reservation at military lodging. Overnight visits are not allowed in the barracks nor is the environment conducive to Service Member's visitation periods with their children. Providing a family friendly environment may increase parent/child interaction, decrease expenses, increase flexibility of visitation, and improve family unit cohesion.

f. Conference Recommendation. Authorize Service Members who have partial custody/visitation of their children to be included on a Confirmed Reservation Basis priority listing for military lodging.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. IMWR-HPL

j. Support agency. To be determined.

Issue 607: Terminal Leave Restrictions for Soldiers in the Physical Disability Evaluation System (PDES)

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Force Support

e. Scope. Soldiers being separated through the PDES are not allowed to take terminal leave and instead are forced to sell remaining leave days. Soldiers ordinarily transitioning out of the military are allowed to take termi-

nal leave. The affected Soldiers are not given the options to take leave with full entitlements. Current regulations create an inequity for Soldiers in the PDES process.

f. Conference Recommendation. Remove terminal leave restrictions preventing Soldiers from using leave after completing the PDES process.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. DAPE-PRC

j. Support agency. To be determined.

Issue 608: Timeliness of TRICARE Referral Authorizations

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Medical

e. Scope. The Primary Care Managers (PCMs) and the Managed Care Support Contractors (MCSCs) are not adhering to the required TRICARE guidelines and standards for processing specialty care referrals. The PCM standard is one business day for referral request. The MCSCs are required to process referrals for authorization within three workdays. Medical care authorization is being delayed which precludes timely medical care and increases recovery time.

f. Conference Recommendations.

(1) Require monitoring and reporting of processing times for specialty care referrals to ensure stricter compliance.

(2) Develop a brochure explaining the process and requirements for TRICARE specialty referrals and require PCMs provide the brochure to all patients receiving referrals.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. MCHO-CL-M

j. Support agency. To be determined.

Issue 609: Total Army Sponsorship Program

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Relocation

e. Scope. The current sponsorship program is not effectively implemented, utilized, monitored, and inspected Army wide. Soldiers arriving at some gaining installations/units do not benefit from having an assigned sponsor. If assigned, the sponsor may not be adequately trained. A Soldier's critical first impression may be negatively impacted due to inadequate sponsorship.

f. Conference Recommendations.

(1) Standardize and enforce Total Army Sponsorship Program (TASP) throughout the Army through the Command Inspection Program (CIP).

(2) Add the TASP to the CIP using AR 600-8-8 Appendix B checklist.

g. Required action. The action plan to resolve this is-

sue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. IMWR-FP

j. Support agency. To be determined.

Issue 610: Traumatic Brain Injury (TBI) Rehabilitation Program at Military Medical Centers of Excellence

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Medical

e. Scope. While there is a range of rehabilitative services available at military Medical Centers of Excellence, there is not a comprehensive, integrated system of TBI-focused rehabilitative services. The military healthcare system is referring the service member to Department of Veterans' Affairs and civilian TBI rehabilitation centers. This disallows simultaneous treatment for service members with multiple injuries which jeopardizes the window of opportunity to regain lost capacity. Additionally, studies show recovery from a life altering event requires a holistic approach to medicine to include consistent support networks, comrades, and a team of health care providers.

f. Conference Recommendation. Establish a comprehensive integrated rehabilitative program for TBI patients at military Medical Centers of Excellence.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. DASG-HSZ

j. Support agency. To be determined.

Issue 611: Traumatic Service Members' Group Life Insurance (TSGLI) Annual Supplement

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Entitlements

e. Scope. Severely injured/ill Service Members (SM) care providers are not afforded financial support from the date SM's transition from inpatient status, throughout rehabilitation and are retained or retired from active military service. TSGLI is a one-time payment that offsets initial expenses of injured/ill SM, however these funds do not cover the additional caregiver expenses of continued outpatient needs and rehabilitation. This often causes extreme financial hardship on the SM and their family.

f. Conference Recommendation. Amend TSGLI to authorize an annual re-qualification for an additional lump sum payment to offset caregiver expense of SM due to the severity of wounds.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

i. Lead agency. AHRC-PDZ

j. Support agency. To be determined.

Issue 612: Army Career and Alumni Program (ACAP) Funding

a. Status. Active

b. Entered. AFAP XXIII, Nov 06

c. Final action. No

d. Subject area. Force Support

e. Scope. Current and future budget cuts seriously threaten the effectiveness of ACAP. The program assists Service Members (SMs) and their families to be successful in their transition from federal service to civilian life. Approximately 11,000 SMs were retained on active duty in 2005 from briefings provided by ACAP. Loss of ACAP's employment assistance and support for job searches will result in higher unemployment rates, increased unemployment compensation and reimbursement costs paid by the Department of Army.

f. Conference Recommendations.

(1) Eliminate future ACAP budget reduction.

(2) Expand the ACAP operating budget to maintain a viable program to serve SMs and their families.

(3) Maintain professional staff to provide personalized services currently available.

g. Required action. The action plan to resolve this issue is being developed and will be reported in the Jun 07 Issue Update Book.

h. Issue History. This was an OCONUS direct submit issue to the Nov 06 GOSC.

i. Progress. Progress on resolving this issue will be reported in the Jun 07 Issue Update Book.

j. Lead agency. AHRC-PDT

k. Support agency. To be determined.